

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

CONNECTICUT



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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CONNECTICUT

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

The Hospital and Medical Care Division is responsible for the inspection, licensure and certification of Connecticut's nursing home facilities. This Division is contained within the Department of Health Services, Bureau of Health Systems Regulations. The mission of this Department is to promote and enhance the public's health by employing the most efficient and practical means to prevent and suppress disease. The Hospital and Medical Care Division accomplishes this mission through its consistent efforts in enforcing all applicable laws and regulations in Connecticut's 316 nursing home facilities.

Annual licensure inspections of nursing home facilities are mandated with follow-up monitoring visits, complaint investigations and accident or incident investigations being conducted as often as needed. All visits are unannounced and may be conducted during weekdays, at night or on weekends.

The inspections are conducted by a multi-disciplinary team of professional staff members to include registered nurses, dietitian, pharmacist, social worker, therapeutic recreation specialist, fire safety specialists and a physician, as needed. Team membership varies depending on the size and needs of a particular facility.

The Division's inspection process focuses on the quality of care and services provided to all patients residing in nursing home facilities. During licensure inspections and/or investigations patients, staff and visitors are interviewed, patients are observed for appropriateness of care and services, medical records and reports are reviewed, meal services are inspected and physical plant observations are made.

OVERVIEW OF ENFORCEMENT SYSTEM

Connecticut has several effective enforcement mechanisms available for use, which include:

- Revocation or suspension of a license for substantial failure to comply with laws and regulations;
- Emergency summary orders when the health, safety, or welfare of any patient in a nursing home facility requires an emergency action;
- Civil penalties (up to \$5000.00) for certain regulations which have been classified as presenting an immediate danger of death or serious harm or a probability of death or serious harm;
- Injunctions for violations of Connecticut's laws and regulations; and
- Court appointed receiver for emergency situations, as well as substantial and/or habitual violation of Connecticut's laws and statutes.

Connecticut has an aggressive and pro-active enforcement program in order to ensure that each licensed nursing home facility protects the health, comfort and safety of all its residents.

Phone:

*150 Washington Street — Hartford, Connecticut 06106
An Equal Opportunity Employer*

RESOURCES AVAILABLE TO CONSUMERS

Department on Aging
Ombudsman Division
221 Main Street
Hartford, CT 06106
Contact: State Ombudsman
Phone Number: (203) 566-7770
Function: Responsible for the investigation of complaints in nursing home facilities.

Department of Health Services
Hospital and Medical Care Division
150 Washington Street
Hartford, CT 06106
Contact: Supervising Nurse Consultant
Phone Number: (203) 566-5758
Emergency Line (available 24 hours): (203) 566-4800
Function: Responsible for the inspection, licensure and certification of Connecticut's nursing home facilities. The results of licensure and certification inspections are made available to the public upon written request.

Department of Income Maintenance
110 Bartholomew Avenue
Hartford, CT 06106
Contact: Chief of Long Term Care
Phone Number: (203) 566-2019
Contact: Director of Fraud Prevention and Detection
Phone Number: (203) 566-3092
Function: Responsible for the administration of the Medical Assistance Program, also known as Medicaid or Title XIX of the Social Security Act.

Governor's Information Bureau
165 Capitol Avenue
Hartford, CT 06106
Information: (203) 566-2750
Outside Hartford Calling Area: 1-800-842-2220

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:

City and State:

Participation:

of Beds:

Type of Ownership:

Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory

Street Address: Self-explanatory

City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE AVON CONV NH

Street Address: 652 W AVON RD		City and State: AVON CT 06001	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 1	Medicaid Residents: 57
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	86.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	90.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	86.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	76.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	34.2	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	87	72.5	46.3	50.8
Residents requiring restraints.	64	53.3	42.8	41.3
Confused or disoriented residents.	76	63.3	57.4	58.4
Residents with bed sores.	10	8.3	5.2	7.1
Residents receiving special skin care.	46	38.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLOOMFIELD CONVALESCENT HOME

Street Address:		City and State:	
355 BLOOMFIELD AVE		BLOOMFIELD CT 06002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	0	67		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	79.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	63.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	96.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	58.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	56	47.1	46.3	50.8
Residents requiring restraints.	34	28.6	42.8	41.3
Confused or disoriented residents.	48	40.3	57.4	58.4
Residents with bed sores.	12	10.1	5.2	7.1
Residents receiving special skin care.	43	36.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALEB HITCHCOCK HEALTH CARE CENTER AT

Street Address: 40 LOETTLER ROAD		City and State: BLOOMFIELD CT 06002	
Participation: MEDICARE SNF	# of Beds: 30	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
30	3	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		30	100	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		30	100	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		28	93.3	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		30	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	70.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	43.3	36.8	37.7
Completely bedfast residents.		0	0.0	1.5	3.4
Residents confined to chairs.		11	36.7	46.3	50.8
Residents requiring restraints.		21	70.0	42.8	41.3
Confused or disoriented residents.		22	73.3	57.4	58.4
Residents with bed sores.		1	3.3	5.2	7.1
Residents receiving special skin care.		10	33.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF BLOOMFIELD

Street Address:		City and State:	
160 COVENTRY GARDENS		BLOOMFIELD CT 06002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	113	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	32.4	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	15.7	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	2.9	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	9.8	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	7.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	1.0	5.2	39.1
Residents requiring restraints.	1	1.0	7.5	31.7
Confused or disoriented residents.	19	18.6	30.1	55.8
Residents with bed sores.	1	1.0	1.5	4.7
Residents receiving special skin care.	8	7.8	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK RIDGE CONV CTR INC

Street Address:		City and State:	
55 TUNXIS AVE		BLOOMFIELD CT 06002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	45.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	80.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	77.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	38.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	54	45.4	46.3	50.8
Residents requiring restraints.	61	51.3	42.8	41.3
Confused or disoriented residents.	78	65.5	57.4	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	26	21.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINTONBURY MANOR NURS HOME

Street Address: 140 PARK AVE		City and State: BLOOMFIELD CT 06002	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	Medicare Residents: 6	Medicaid Residents: 102
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	80.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	76.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	66.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	70.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	21.7	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	38	26.6	46.3	50.8
Residents requiring restraints.	46	32.2	42.8	41.3
Confused or disoriented residents.	79	55.2	57.4	58.4
Residents with bed sores.	12	8.4	5.2	7.1
Residents receiving special skin care.	49	34.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANFORD HILLS HEALTHCARE

Street Address:		City and State:	
ALPS RD		BRANFORD CT 06405	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	45.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	80.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	77.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	38.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	54	45.4	46.3	50.8
Residents requiring restraints.	61	51.3	42.8	41.3
Confused or disoriented residents.	78	65.5	57.4	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	26	21.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARNETT MULTI-HEALTH CARE CENTER

Street Address:		City and State:	
2875 MAIN ST		BRIDGEPORT CT 06606	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	2	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	85.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	61.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	55	47.4	46.3	50.8
Residents requiring restraints.	49	42.2	42.8	41.3
Confused or disoriented residents.	68	58.6	57.4	58.4
Residents with bed sores.	10	8.6	5.2	7.1
Residents receiving special skin care.	25	21.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DINAN MEMORIAL CTR

Street Address: BOND STREET EXTENSION		City and State: BRIDGEPORT CT 06610	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 510	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 495	Medicare Residents: 12	Medicaid Residents: 443		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	371	74.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	424	85.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	373	75.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	495	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	367	74.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	36	7.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	221	44.6	36.8	37.7
Completely bedfast residents.	4	0.8	1.5	3.4
Residents confined to chairs.	278	56.2	46.3	50.8
Residents requiring restraints.	208	42.0	42.8	41.3
Confused or disoriented residents.	380	76.8	57.4	58.4
Residents with bed sores.	24	4.8	5.2	7.1
Residents receiving special skin care.	484	97.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN HEIGHTS MANOR NH

Street Address: 62 COLEMAN ST		City and State: BRIDGEPORT CT 06604	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	Medicare Residents: 7	Medicaid Residents: 107
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	89.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	91.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	91.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	76.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	59.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	14.9	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	44	32.8	46.3	50.8
Residents requiring restraints.	74	55.2	42.8	41.3
Confused or disoriented residents.	107	79.9	57.4	58.4
Residents with bed sores.	9	6.7	5.2	7.1
Residents receiving special skin care.	37	27.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK AVE RESTORATIVE CARE CTR

Street Address: 725 PARK AVE		City and State: BRIDGEPORT CT 06604	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 132	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	Medicare Residents: 1	Medicaid Residents: 87		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	100	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	94.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	84.3	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	83.3	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	63.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	58.3	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	45	41.7	46.3	50.8
Residents requiring restraints.	76	70.4	42.8	41.3
Confused or disoriented residents.	76	70.4	57.4	58.4
Residents with bed sores.	6	5.6	5.2	7.1
Residents receiving special skin care.	12	11.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RONCALLI HEALTH CTR INC

Street Address: 425 GRANT ST		City and State: BRIDGEPORT CT 06610	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	Medicare Residents: 0	Medicaid Residents: 146
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	155	88.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	72.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	58.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	56.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	24.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	73	41.7	46.3	50.8
Residents requiring restraints.	75	42.9	42.8	41.3
Confused or disoriented residents.	67	38.3	57.4	58.4
Residents with bed sores.	6	3.4	5.2	7.1
Residents receiving special skin care.	10	5.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SYLVAN MANOR INC

Street Address:		City and State:	
1037 SYLVAN AVE		BRIDGEPORT CT 06606	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	40	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
40	0	26		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	67.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	75.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	67.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	27.5	36.8	37.7
Completely bedfast residents.	1	2.5	1.5	3.4
Residents confined to chairs.	14	35.0	46.3	50.8
Residents requiring restraints.	20	50.0	42.8	41.3
Confused or disoriented residents.	32	80.0	57.4	58.4
Residents with bed sores.	2	5.0	5.2	7.1
Residents receiving special skin care.	12	30.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THIRTY-THIRTY PARK HEALTH CENTER

Street Address: 3030 PARK AVE		City and State: BRIDGEPORT CT 06604	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 4
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	54.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	50.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	51.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	61.5	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	40.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.9	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	10	10.4	46.3	50.8
Residents requiring restraints.	39	40.6	42.8	41.3
Confused or disoriented residents.	42	43.8	57.4	58.4
Residents with bed sores.	2	2.1	5.2	7.1
Residents receiving special skin care.	16	16.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRYSIDE MANOR

Street Address:		City and State:	
1660 STAFFORD AVE		BRISTOL CT 06010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	59	PROPRIETARY	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
58	0	44		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	37.9	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	32.8	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	13.8	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	43.1	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	32.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.7	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	5	8.6	5.2	39.1
Residents requiring restraints.	3	5.2	7.5	31.7
Confused or disoriented residents.	8	13.8	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	17	29.3	12.6	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NURSING CARE CENTER OF BRISTOL

Street Address:		City and State:	
61 BELLEVUE AVE		BRISTOL CT 06010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	91.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	90.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	90.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	89.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	90.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	53.4	36.8	37.7
Completely bedfast residents.	2	1.5	1.5	3.4
Residents confined to chairs.	74	56.5	46.3	50.8
Residents requiring restraints.	72	55.0	42.8	41.3
Confused or disoriented residents.	56	42.7	57.4	58.4
Residents with bed sores.	2	1.5	5.2	7.1
Residents receiving special skin care.	116	88.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERIDAN WOODS HEALTH CARE CENTER

Street Address:		City and State:	
321 STONECREST DR		BRISTOL CT 06010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
72	0	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	88.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	91.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	73.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	65.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	57	79.2	46.3	50.8
Residents requiring restraints.	39	54.2	42.8	41.3
Confused or disoriented residents.	48	66.7	57.4	58.4
Residents with bed sores.	7	9.7	5.2	7.1
Residents receiving special skin care.	7	9.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKLYN CONVALESCENT HOME

Street Address:		City and State:	
WOLF DEN ROAD		BROOKLYN CT 06234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	30	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
30	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	50.0	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	63.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	40.0	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	70.0	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	43.3	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	6.7	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	6	20.0	5.2	39.1
Residents requiring restraints.	6	20.0	7.5	31.7
Confused or disoriented residents.	18	60.0	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	0	0.0	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORCLIFFE REST HOME

Street Address: CANTERBURY RD		City and State: BROOKLYN CT 06234	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	26.3	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	31.6	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	8.8	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	42.1	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	8.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	4	7.0	5.2	39.1
Residents requiring restraints.	2	3.5	7.5	31.7
Confused or disoriented residents.	26	45.6	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	6	10.5	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIERCE MEM BAPTIST HME INC

Street Address:		City and State:	
RT 169		BROOKLYN CT 06234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	45	NON-PROFIT RELIGIOUS	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	68.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	77.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	51.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	97.8	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	55.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	37.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	20	44.4	46.3	50.8
Residents requiring restraints.	18	40.0	42.8	41.3
Confused or disoriented residents.	20	44.4	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	15	33.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEER MEM HOSP

Street Address:		City and State:	
SOUTH CANAAN RD		CANAAN CT 06018	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	3	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	84.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	86.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	76.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	73.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	33.6	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	24	20.2	46.3	50.8
Residents requiring restraints.	51	42.9	42.8	41.3
Confused or disoriented residents.	78	65.5	57.4	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	45	37.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHESHIRE CONVALESCENT CENTER

Street Address:		City and State:	
745 MILLDALE RD		CHESHIRE CT 06410	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	1	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	85.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	85.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	85.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	63.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.5	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	58	72.5	46.3	50.8
Residents requiring restraints.	43	53.7	42.8	41.3
Confused or disoriented residents.	46	57.5	57.4	58.4
Residents with bed sores.	2	2.5	5.2	7.1
Residents receiving special skin care.	66	82.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELIM PARK BAPTIST HOME

Street Address: 140 COOK HILL RD		City and State: CHESHIRE CT 06410	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 54	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	89	98.9	78.8	81.5

Dressing				
Residents requiring some or total assistance in dressing.	55	61.1	80.0	83.2

Toileting				
Residents requiring some or total assistance in toileting.	42	46.7	69.3	73.8

Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	100	77.2

Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	50.0	66.9	68.2

Residents on individually written bowel and bladder retraining program.	6	6.7	1.4	4.6

Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.2	36.8	37.7

Completely bedfast residents.	0	0.0	1.5	3.4

Residents confined to chairs.	40	44.4	46.3	50.8

Residents requiring restraints.	36	40.0	42.8	41.3

Confused or disoriented residents.	63	70.0	57.4	58.4

Residents with bed sores.	5	5.6	5.2	7.1

Residents receiving special skin care.	26	28.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW LAKEVIEW CONV HOME

Street Address: 50 HAZEL DR		City and State: CHESHIRE CT 06410	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 210	Type of Ownership: PROPRIETARY	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	Medicare Residents: 4	Medicaid Residents: 184
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	91.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	89.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	70.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	67.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	38.9	36.8	37.7
Completely bedfast residents.	1	0.5	1.5	3.4
Residents confined to chairs.	80	39.4	46.3	50.8
Residents requiring restraints.	76	37.4	42.8	41.3
Confused or disoriented residents.	169	83.3	57.4	58.4
Residents with bed sores.	5	2.5	5.2	7.1
Residents receiving special skin care.	33	16.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AARON MANOR

Street Address:		City and State:	
RT 148		CHESTER CT 06412	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	22.4	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	48.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	10.3	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	31.0	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	22.4	19.4	59.1
Residents on individually written bowel and bladder retraining program.	4	6.9	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.7	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	2	3.4	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	21	36.2	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	7	12.1	12.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHESTERFIELD CONV HME

Street Address:		City and State:	
132 MAIN ST		CHESTER CT 06412	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	1	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	65.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	87.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	78.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	45.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	65.5	36.8	37.7
Completely bedfast residents.	1	1.8	1.5	3.4
Residents confined to chairs.	16	29.1	46.3	50.8
Residents requiring restraints.	17	30.9	42.8	41.3
Confused or disoriented residents.	23	41.8	57.4	58.4
Residents with bed sores.	2	3.6	5.2	7.1
Residents receiving special skin care.	2	3.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTON HEALTH CARE CENTER

Street Address: 5 HARBOR PARKWAY		City and State: CLINTON CT 06413	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 25		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	73.7	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	81.6	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	47.4	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	52.6	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	47.4	19.4	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	28.9	5.4	29.3
Completely bedfast residents.	1	2.6	2.0	3.6
Residents confined to chairs.	12	31.6	5.2	39.1
Residents requiring restraints.	12	31.6	7.5	31.7
Confused or disoriented residents.	17	44.7	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	6	15.8	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COBALT LODGE CONV HOME

Street Address: RT 151 BX 246		City and State: COBALT CT 06414	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 1	Medicaid Residents: 56	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	74.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	86.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	79.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	74.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	28	48.3	46.3	50.8
Residents requiring restraints.	28	48.3	42.8	41.3
Confused or disoriented residents.	35	60.3	57.4	58.4
Residents with bed sores.	4	6.9	5.2	7.1
Residents receiving special skin care.	42	72.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLCHESTER CONV HOME

Street Address:		City and State:	
59 HARRINGTON CT		COLCHESTER CT 06415	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	104		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	68.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	60.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	57.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	91.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	58.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	22.7	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	25	21.0	46.3	50.8
Residents requiring restraints.	39	32.8	42.8	41.3
Confused or disoriented residents.	67	56.3	57.4	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	29	24.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIBERTY HALL CONV HOME

Street Address: HARRINGTON COURT		City and State: COLCHESTER CT 06415	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	86.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	94.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	84.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	84.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	27	54.0	46.3	50.8
Residents requiring restraints.	25	50.0	42.8	41.3
Confused or disoriented residents.	33	66.0	57.4	58.4
Residents with bed sores.	2	4.0	5.2	7.1
Residents receiving special skin care.	25	50.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROMWELL CREST CONV HOME

Street Address: 385 MAIN ST		City and State: CROMWELL CT 06416	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	Medicare Residents: 2	Medicaid Residents: 139		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	87.2	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	105	61.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	47.1	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	50.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	47.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	54	31.4	46.3	50.8
Residents requiring restraints.	33	19.2	42.8	41.3
Confused or disoriented residents.	42	24.4	57.4	58.4
Residents with bed sores.	9	5.2	5.2	7.1
Residents receiving special skin care.	14	8.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PILGRIM MANOR

Street Address: 42 MISSIONARY ROAD, P.O. BOX 180		City and State: CROMWELL CT 06416	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 25		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	85.5	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	85.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	78.2	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	63.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	27.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	38	69.1	46.3	50.8
Residents requiring restraints.	32	58.2	42.8	41.3
Confused or disoriented residents.	37	67.3	57.4	58.4
Residents with bed sores.	4	7.3	5.2	7.1
Residents receiving special skin care.	10	18.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW REST HOME

Street Address: 156 BERLIN RD		City and State: CROMWELL CT 06416	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 27
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	10.2	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	32.2	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	15.3	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	8.5	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	15.3	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	5.1	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	1	1.7	7.5	31.7
Confused or disoriented residents.	11	18.6	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	14	23.7	12.6	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DANBURY PAVILION HEALTHCARE

Street Address:		City and State:	
22 HOSPITAL AVENUE		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
144	16	35		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	86.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	88.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	78.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	86.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	36.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	82	56.9	46.3	50.8
Residents requiring restraints.	86	59.7	42.8	41.3
Confused or disoriented residents.	109	75.7	57.4	58.4
Residents with bed sores.	4	2.8	5.2	7.1
Residents receiving special skin care.	48	33.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FILOSA CONV HME

Street Address:		City and State:	
13 HAKIM STREET		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
60	0	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	96.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	76.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	50.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	22	36.7	46.3	50.8
Residents requiring restraints.	30	50.0	42.8	41.3
Confused or disoriented residents.	46	76.7	57.4	58.4
Residents with bed sores.	7	11.7	5.2	7.1
Residents receiving special skin care.	20	33.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN HILL CONV CENTER

Street Address:		City and State:	
GLEN HILL RD		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	90	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	3	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	83.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	90.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	89.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	75.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	52.3	36.8	37.7
Completely bedfast residents.	2	2.3	1.5	3.4
Residents confined to chairs.	49	55.7	46.3	50.8
Residents requiring restraints.	45	51.1	42.8	41.3
Confused or disoriented residents.	54	61.4	57.4	58.4
Residents with bed sores.	2	2.3	5.2	7.1
Residents receiving special skin care.	8	9.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HANCOCK HALL

Street Address:		City and State:	
31 STAPLES ST.		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	11.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	23.5	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	9.4	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	16.5	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	11.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.2	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	1.2	5.2	39.1
Residents requiring restraints.	2	2.4	7.5	31.7
Confused or disoriented residents.	23	27.1	30.1	55.8
Residents with bed sores.	3	3.5	1.5	4.7
Residents receiving special skin care.	3	3.5	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIPLEX OF DANBURY

Street Address:		City and State:	
107 OSBORNE ST		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
171	2	115		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	72.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	78.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	64.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	69.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	27.5	36.8	37.7
Completely bedfast residents.	2	1.2	1.5	3.4
Residents confined to chairs.	64	37.4	46.3	50.8
Residents requiring restraints.	86	50.3	42.8	41.3
Confused or disoriented residents.	93	54.4	57.4	58.4
Residents with bed sores.	25	14.6	5.2	7.1
Residents receiving special skin care.	24	14.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

POPE JOHN PAUL 11 CENTER FOR HEALTH CA

Street Address:		City and State:	
33 LINCOLN AVE		DANBURY CT 06810	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	101		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	57.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	83.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	46.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	68.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	53.3	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	77	64.2	46.3	50.8
Residents requiring restraints.	66	55.0	42.8	41.3
Confused or disoriented residents.	75	62.5	57.4	58.4
Residents with bed sores.	13	10.8	5.2	7.1
Residents receiving special skin care.	42	35.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF DANIELSON

Street Address: 65 WESTCOTT ROAD		City and State: DANIELSON CT 06239	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	Medicare Residents: 0	Medicaid Residents: 132		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	71.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	71.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	75.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	65.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	41.9	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	57	34.1	46.3	50.8
Residents requiring restraints.	64	38.3	42.8	41.3
Confused or disoriented residents.	97	58.1	57.4	58.4
Residents with bed sores.	11	6.6	5.2	7.1
Residents receiving special skin care.	67	40.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DARIEN CONV CTR

Street Address: 599 BOSTON POST ROAD		City and State: DARIEN CT 06820	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 54		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	82.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	80.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	82.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	48.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	56	48.3	46.3	50.8
Residents requiring restraints.	65	56.0	42.8	41.3
Confused or disoriented residents.	98	84.5	57.4	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	51	44.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTVIEW CONVALESCENT CENTER INC

Street Address:		City and State:	
WARE RD ROUTE 1		DAYVILLE CT 06241	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	2	57		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	90.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	92.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	83.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	81.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	54.4	36.8	37.7
Completely bedfast residents.	2	2.2	1.5	3.4
Residents confined to chairs.	40	44.4	46.3	50.8
Residents requiring restraints.	43	47.8	42.8	41.3
Confused or disoriented residents.	47	52.2	57.4	58.4
Residents with bed sores.	2	2.2	5.2	7.1
Residents receiving special skin care.	37	41.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEEP RIVER CONV HOME

Street Address: 78 WEST ELM ST		City and State: DEEP RIVER CT 06417	
Participation: MEDICAID SNF/ICF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 19		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	76.7	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	83.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	23	76.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	36.7	36.8	37.7
Completely bedfast residents.	1	3.3	1.5	3.4
Residents confined to chairs.	8	26.7	46.3	50.8
Residents requiring restraints.	15	50.0	42.8	41.3
Confused or disoriented residents.	17	56.7	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	16	53.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DERBY NURSING HOME

Street Address: CHATFIELD ST		City and State: DERBY CT 06418	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 121	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 78	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	98	83.1	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	98	83.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	71.2	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	78.0	66.9	68.2
 Residents on individually written bowel and bladder retraining program.	5	4.2	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	35.6	36.8	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	74	62.7	46.3	50.8
 Residents requiring restraints.	63	53.4	42.8	41.3
 Confused or disoriented residents.	68	57.6	57.4	58.4
 Residents with bed sores.	12	10.2	5.2	7.1
 Residents receiving special skin care.	19	16.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARSHALL LANE MANOR

Street Address: 101 MARSHALL LANE		City and State: DERBY CT 06418	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 99	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	65.5	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	21.8	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	3.4	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	6.7	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	8.4	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	2.5	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	0.8	5.2	39.1
Residents requiring restraints.	1	0.8	7.5	31.7
Confused or disoriented residents.	28	23.5	30.1	55.8
Residents with bed sores.	1	0.8	1.5	4.7
Residents receiving special skin care.	1	0.8	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOGWOOD ACRES

Street Address:		City and State:	
RR		DURHAM CT 06422	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	29	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	85.7	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	64.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	64.3	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	32.1	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	6	21.4	5.2	39.1
Residents requiring restraints.	5	17.9	7.5	31.7
Confused or disoriented residents.	16	57.1	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	28	100	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWIN MAPLES HOME INC

Street Address:		City and State:	
NEW HAVEN RD		DURHAM CT 06422	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	44	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	19.5	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	53.7	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	46.3	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	61.0	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	95.1	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	61.0	5.4	29.3
Completely bedfast residents.	39	95.1	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	41	100	7.5	31.7
Confused or disoriented residents.	1	2.4	30.1	55.8
Residents with bed sores.	17	41.5	1.5	4.7
Residents receiving special skin care.	14	34.1	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURNSIDE CONV HME

Street Address:		City and State:	
870 BURNSIDE AVE		EAST HARTFORD CT 06108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	2	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	73.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	77.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	67.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	61.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	31.8	36.8	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	41	46.6	46.3	50.8
Residents requiring restraints.	46	52.3	42.8	41.3
Confused or disoriented residents.	50	56.8	57.4	58.4
Residents with bed sores.	2	2.3	5.2	7.1
Residents receiving special skin care.	48	54.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE HEALTH CARE FACILITY

Street Address: 745 MAIN ST		City and State: EAST HARTFORD CT 06108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 360	Type of Ownership: PROPRIETARY	Survey Date: 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 345	Medicare Residents: 4	Medicaid Residents: 311		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	301	87.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	292	84.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	249	72.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	345	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	237	68.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	31.9	36.8	37.7
Completely bedfast residents.	18	5.2	1.5	3.4
Residents confined to chairs.	220	63.8	46.3	50.8
Residents requiring restraints.	92	26.7	42.8	41.3
Confused or disoriented residents.	205	59.4	57.4	58.4
Residents with bed sores.	21	6.1	5.2	7.1
Residents receiving special skin care.	72	20.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ELIZABETH HEALTH CENTER

Street Address:		City and State:	
51 APPLEGATE LANE		EAST HARTFORD CT 06108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	1	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	84.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	88.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	147	83.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	99.4	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	83.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	22.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	101	57.1	46.3	50.8
Residents requiring restraints.	60	33.9	42.8	41.3
Confused or disoriented residents.	102	57.6	57.4	58.4
Residents with bed sores.	17	9.6	5.2	7.1
Residents receiving special skin care.	35	19.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TALMADGE PARK HEALTHCARE

Street Address:		City and State:	
TALMADGE AVE		EAST HAVEN CT 06512	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	66.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	66.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	47.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	18	31.6	46.3	50.8
Residents requiring restraints.	20	35.1	42.8	41.3
Confused or disoriented residents.	28	49.1	57.4	58.4
Residents with bed sores.	2	3.5	5.2	7.1
Residents receiving special skin care.	5	8.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ENFIELD NURSING CENTER

Street Address:		City and State:	
612 HAZARD AVE		ENFIELD CT 06082	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	6	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	88.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	93.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	81.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	76.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	35.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	71	56.8	46.3	50.8
Residents requiring restraints.	79	63.2	42.8	41.3
Confused or disoriented residents.	74	59.2	57.4	58.4
Residents with bed sores.	8	6.4	5.2	7.1
Residents receiving special skin care.	78	62.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKWAY PAVILION HEALTH CARE

Street Address: 1157 ENFIELD ST		City and State: ENFIELD CT 06082	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 23	Medicaid Residents: 110	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	83.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	83.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	68.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	52.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	40.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	75	55.6	46.3	50.8
Residents requiring restraints.	68	50.4	42.8	41.3
Confused or disoriented residents.	121	89.6	57.4	58.4
Residents with bed sores.	2	1.5	5.2	7.1
Residents receiving special skin care.	25	18.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH RESIDENCE

Street Address:		City and State:	
1365 ENFIELD ST		ENFIELD CT 06082	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	84	NON-PROFIT OTHER	06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	1	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	98.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	67.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	58.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	3.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	35	43.8	46.3	50.8
Residents requiring restraints.	26	32.5	42.8	41.3
Confused or disoriented residents.	15	18.8	57.4	58.4
Residents with bed sores.	1	1.2	5.2	7.1
Residents receiving special skin care.	17	21.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PETTIPAUG MANOR

Street Address: 63 SOUTH MAIN ST		City and State: ESSEX CT 06426	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 37	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	51.0	43.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	32.7	36.5	76.7
Toileting Residents requiring some or total assistance in toileting.	12	24.5	23.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	28.6	36.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	24.5	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.2	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	2	4.1	5.2	39.1
Residents requiring restraints.	6	12.2	7.5	31.7
Confused or disoriented residents.	12	24.5	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	2	4.1	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAROLTON CHRONIC CONV HME

Street Address: 400 MILL PLAIN RD		City and State: FAIRFIELD CT 06430	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 219	Type of Ownership: PROPRIETARY	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 210	Medicare Residents: 2	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	190	90.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	191	91.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	172	81.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	73.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	121	57.6	36.8	37.7
Completely bedfast residents.	3	1.4	1.5	3.4
Residents confined to chairs.	89	42.4	46.3	50.8
Residents requiring restraints.	108	51.4	42.8	41.3
Confused or disoriented residents.	135	64.3	57.4	58.4
Residents with bed sores.	1	0.5	5.2	7.1
Residents receiving special skin care.	33	15.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME FOR THE ELDERLY

Street Address: 175 JEFFERSON ST		City and State: FAIRFIELD CT 06432	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 239	Medicare Residents: 1	Medicaid Residents: 180	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	59.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	62.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	49.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	65.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	55.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	19.2	36.8	37.7
Completely bedfast residents.	1	0.4	1.5	3.4
Residents confined to chairs.	77	32.2	46.3	50.8
Residents requiring restraints.	33	13.8	42.8	41.3
Confused or disoriented residents.	145	60.7	57.4	58.4
Residents with bed sores.	4	1.7	5.2	7.1
Residents receiving special skin care.	39	16.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NO FAIRFIELD GERI CTR INC

Street Address: 118 JEFFERSON ST		City and State: FAIRFIELD CT 06432	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 112	Type of Ownership: PROPRIETARY	Survey Date: 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 3	Medicaid Residents: 17
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	82.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	100	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	68.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	79.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	25.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	19	17.8	46.3	50.8
Residents requiring restraints.	25	23.4	42.8	41.3
Confused or disoriented residents.	48	44.9	57.4	58.4
Residents with bed sores.	7	6.5	5.2	7.1
Residents receiving special skin care.	13	12.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE MANOR OF FARMINGTON

Street Address:		City and State:	
SCOTT SWAMP ROAD		FARMINGTON CT 06032	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
116		2		67	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		104	89.7	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		110	94.8	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		99	85.3	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		116	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		91	78.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	31.9	36.8	37.7
Completely bedfast residents.		0	0.0	1.5	3.4
Residents confined to chairs.		66	56.9	46.3	50.8
Residents requiring restraints.		25	21.6	42.8	41.3
Confused or disoriented residents.		88	75.9	57.4	58.4
Residents with bed sores.		7	6.0	5.2	7.1
Residents receiving special skin care.		44	37.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FARMINGTON CONV HME

Street Address:		City and State:	
ROUTE 6		FARMINGTON CT 06032	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
122	0	71	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	63.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	56.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	48.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	59.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	41	33.6	46.3	50.8
Residents requiring restraints.	35	28.7	42.8	41.3
Confused or disoriented residents.	71	58.2	57.4	58.4
Residents with bed sores.	6	4.9	5.2	7.1
Residents receiving special skin care.	11	9.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW FORESTVILLE HEALTH AND REHAB CTR

Street Address: 23 FAIR ST		City and State: FORESTVILLE CT 06010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 108	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	96.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	95.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	88.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	82.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	54.6	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	88	73.9	46.3	50.8
Residents requiring restraints.	94	79.0	42.8	41.3
Confused or disoriented residents.	103	86.6	57.4	58.4
Residents with bed sores.	18	15.1	5.2	7.1
Residents receiving special skin care.	36	30.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLASTONBURY HEALTH CARE CENTER, INC.

Street Address:		City and State:	
1175 HEBRON AVENUE		GLASTONBURY CT 06033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	30	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	80.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	40.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	5	100	46.3	50.8
Residents requiring restraints.	0	0.0	42.8	41.3
Confused or disoriented residents.	2	40.0	57.4	58.4
Residents with bed sores.	1	20.0	5.2	7.1
Residents receiving special skin care.	1	20.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALMON BROOK CONV HME

Street Address:		City and State:	
72 SALMON BROOK DR		GLASTONBURY CT 06033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	78.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	91.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	78.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	79.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	33.9	36.8	37.7
Completely bedfast residents.	4	3.4	1.5	3.4
Residents confined to chairs.	64	54.2	46.3	50.8
Residents requiring restraints.	62	52.5	42.8	41.3
Confused or disoriented residents.	70	59.3	57.4	58.4
Residents with bed sores.	13	11.0	5.2	7.1
Residents receiving special skin care.	24	20.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWICH LAURELTON NURSING HOME

Street Address: 1188 KING STREET		City and State: GREENWICH CT 06830	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 2	Medicaid Residents: 70
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	76.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	87.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	77.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	68.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	23.6	36.8	37.7
Completely bedfast residents.	2	2.8	1.5	3.4
Residents confined to chairs.	23	31.9	46.3	50.8
Residents requiring restraints.	22	30.6	42.8	41.3
Confused or disoriented residents.	22	30.6	57.4	58.4
Residents with bed sores.	2	2.8	5.2	7.1
Residents receiving special skin care.	31	43.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWICH WOODS HEALTH CARE CENTER

Street Address: 1165 KING ST P.O. BOX 178		City and State: GREENWICH CT 06831	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 3	Medicaid Residents: 57	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	63.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	68.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	63.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	91.8	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	59.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	49.0	36.8	37.7
Completely bedfast residents.	2	1.4	1.5	3.4
Residents confined to chairs.	87	59.2	46.3	50.8
Residents requiring restraints.	104	70.7	42.8	41.3
Confused or disoriented residents.	83	56.5	57.4	58.4
Residents with bed sores.	19	12.9	5.2	7.1
Residents receiving special skin care.	51	34.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATHANIAL WITHERELL

Street Address: 70 PARSONAGE RD		City and State: GREENWICH CT 06830	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	Medicare Residents: 0	Medicaid Residents: 103	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	77.8	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	174	87.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	132	66.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	60.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	28.3	36.8	37.7
Completely bedfast residents.	1	0.5	1.5	3.4
Residents confined to chairs.	112	56.6	46.3	50.8
Residents requiring restraints.	75	37.9	42.8	41.3
Confused or disoriented residents.	88	44.4	57.4	58.4
Residents with bed sores.	10	5.1	5.2	7.1
Residents receiving special skin care.	49	24.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW

Street Address:		City and State:	
STARR HILL RD		GROTON CT 06340	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	100	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	54.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	47.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	96.7	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	52.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	45.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	36	30.0	46.3	50.8
Residents requiring restraints.	45	37.5	42.8	41.3
Confused or disoriented residents.	57	47.5	57.4	58.4
Residents with bed sores.	3	2.5	5.2	7.1
Residents receiving special skin care.	44	36.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GROTON REGENCY

Street Address: 1145 POQUONNOCK RD		City and State: GROTON CT 06340	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 178	Type of Ownership: PROPRIETARY	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	Medicare Residents: 0	Medicaid Residents: 137	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	83.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	62.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	51.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	51.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	34.9	36.8	37.7
Completely bedfast residents.	2	1.2	1.5	3.4
Residents confined to chairs.	44	26.5	46.3	50.8
Residents requiring restraints.	41	24.7	42.8	41.3
Confused or disoriented residents.	93	56.0	57.4	58.4
Residents with bed sores.	13	7.8	5.2	7.1
Residents receiving special skin care.	22	13.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOWLER NURSING CENTER INC

Street Address: 10 BOSTON POST RD		City and State: GUILFORD CT 06437	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 3	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	72.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	86.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	73.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	64.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	36.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	28	32.2	46.3	50.8
Residents requiring restraints.	34	39.1	42.8	41.3
Confused or disoriented residents.	54	62.1	57.4	58.4
Residents with bed sores.	3	3.4	5.2	7.1
Residents receiving special skin care.	8	9.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLAKE LODGE INC

Street Address: 109 WEST LAKE AVE		City and State: GUILFORD CT 06437	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 47	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	75.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	95.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	76.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	68.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	37	61.7	46.3	50.8
Residents requiring restraints.	42	70.0	42.8	41.3
Confused or disoriented residents.	40	66.7	57.4	58.4
Residents with bed sores.	7	11.7	5.2	7.1
Residents receiving special skin care.	11	18.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARDEN HOUSE INC

Street Address:		City and State:	
850 MIX AVE		HAMDEN CT 06514	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
355	0	242

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	279	78.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	296	83.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	272	76.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	355	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	255	71.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	236	66.5	36.8	37.7
Completely bedfast residents.	8	2.3	1.5	3.4
Residents confined to chairs.	160	45.1	46.3	50.8
Residents requiring restraints.	182	51.3	42.8	41.3
Confused or disoriented residents.	223	62.8	57.4	58.4
Residents with bed sores.	10	2.8	5.2	7.1
Residents receiving special skin care.	87	24.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMDEN HEALTH CARE FACILITY

Street Address: 1270 SHERMAN LANE		City and State: HAMDEN CT 06514	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 90		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	75.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	82.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	70.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	68.9	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	75.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	36	30.3	46.3	50.8
Residents requiring restraints.	26	21.8	42.8	41.3
Confused or disoriented residents.	63	52.9	57.4	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	18	15.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITNEY CENTER MEDICAL UNIT

Street Address:		City and State:	
200 LEEDER HILL DR		HAMDEN CT 06517	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT PRIVATE	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	6		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	68.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	77.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	75.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	56.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	17	29.8	46.3	50.8
Residents requiring restraints.	25	43.9	42.8	41.3
Confused or disoriented residents.	31	54.4	57.4	58.4
Residents with bed sores.	4	7.0	5.2	7.1
Residents receiving special skin care.	8	14.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITNEY MANOR CONV CTR

Street Address:		City and State:	
2798 WHITNEY AVENUE		HAMDEN CT 06518	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
145	1	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	86.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	90.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	75.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	63.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	30.3	36.8	37.7
Completely bedfast residents.	4	2.8	1.5	3.4
Residents confined to chairs.	67	46.2	46.3	50.8
Residents requiring restraints.	71	49.0	42.8	41.3
Confused or disoriented residents.	76	52.4	57.4	58.4
Residents with bed sores.	4	2.8	5.2	7.1
Residents receiving special skin care.	53	36.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AVERY NURSING HOME

Street Address:		City and State:	
705 NEW BRITAIN AVE		HARTFORD CT 06106	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	147	PROPRIETARY	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	77.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	75.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	55.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	54.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	26.2	36.8	37.7
Completely bedfast residents.	3	2.1	1.5	3.4
Residents confined to chairs.	54	38.3	46.3	50.8
Residents requiring restraints.	48	34.0	42.8	41.3
Confused or disoriented residents.	67	47.5	57.4	58.4
Residents with bed sores.	5	3.5	5.2	7.1
Residents receiving special skin care.	35	24.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUCKLEY CONV HME

Street Address:		City and State:	
210 GEORGE STREET		HARTFORD CT 06114	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	3	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	83.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	83.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	65.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	65.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.9	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	51	45.9	46.3	50.8
Residents requiring restraints.	47	42.3	42.8	41.3
Confused or disoriented residents.	68	61.3	57.4	58.4
Residents with bed sores.	9	8.1	5.2	7.1
Residents receiving special skin care.	15	13.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWOOD NH

Street Address:		City and State:	
5 GREENWOOD ST		HARTFORD CT 06106	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
234	2	201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	203	86.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	212	90.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	198	84.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	185	79.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	175	74.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	31.6	36.8	37.7
Completely bedfast residents.	3	1.3	1.5	3.4
Residents confined to chairs.	116	49.6	46.3	50.8
Residents requiring restraints.	103	44.0	42.8	41.3
Confused or disoriented residents.	163	69.7	57.4	58.4
Residents with bed sores.	14	6.0	5.2	7.1
Residents receiving special skin care.	37	15.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEBREW HOME AND HOSPITAL INC

Street Address: 615 TOWER AVENUE		City and State: HARTFORD CT 06112	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 270	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 260	Medicare Residents: 5	Medicaid Residents: 164
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	201	77.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	192	73.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	55.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	260	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	53.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	10	3.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	22.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	78	30.0	46.3	50.8
Residents requiring restraints.	32	12.3	42.8	41.3
Confused or disoriented residents.	129	49.6	57.4	58.4
Residents with bed sores.	18	6.9	5.2	7.1
Residents receiving special skin care.	42	16.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSIDE MANOR

Street Address: 151 HILLSIDE AVENUE		City and State: HARTFORD CT 06106	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 03/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	Medicare Residents: 1	Medicaid Residents: 168		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	81.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	145	83.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	70.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	85.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	76.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	14	8.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	59.2	36.8	37.7
Completely bedfast residents.	2	1.1	1.5	3.4
Residents confined to chairs.	115	66.1	46.3	50.8
Residents requiring restraints.	94	54.0	42.8	41.3
Confused or disoriented residents.	87	50.0	57.4	58.4
Residents with bed sores.	14	8.0	5.2	7.1
Residents receiving special skin care.	50	28.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUGHES CONV HOME

Street Address:		City and State:	
29 HIGHLAND ST		HARTFORD CT 06119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	4	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	86.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	86.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	72.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	70.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	39.7	36.8	37.7
Completely bedfast residents.	2	1.1	1.5	3.4
Residents confined to chairs.	62	35.6	46.3	50.8
Residents requiring restraints.	82	47.1	42.8	41.3
Confused or disoriented residents.	112	64.4	57.4	58.4
Residents with bed sores.	13	7.5	5.2	7.1
Residents receiving special skin care.	23	13.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LORRAINE MANOR

Street Address:		City and State:	
25 LORRAINE STREET		HARTFORD CT 06105	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	270	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
262	3	257		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	223	85.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	218	83.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	177	67.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	262	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	192	73.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	108	41.2	36.8	37.7
Completely bedfast residents.	5	1.9	1.5	3.4
Residents confined to chairs.	136	51.9	46.3	50.8
Residents requiring restraints.	101	38.5	42.8	41.3
Confused or disoriented residents.	188	71.8	57.4	58.4
Residents with bed sores.	16	6.1	5.2	7.1
Residents receiving special skin care.	45	17.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS HOME

Street Address:		City and State:	
291 STEELE RD		HARTFORD CT 06117	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	215	NON-PROFIT RELIGIOUS	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
206	0	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	64.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	138	67.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	56.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	81.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	52.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	2.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	22.8	36.8	37.7
Completely bedfast residents.	3	1.5	1.5	3.4
Residents confined to chairs.	67	32.5	46.3	50.8
Residents requiring restraints.	48	23.3	42.8	41.3
Confused or disoriented residents.	108	52.4	57.4	58.4
Residents with bed sores.	12	5.8	5.2	7.1
Residents receiving special skin care.	70	34.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST HARTFORD MANOR

Street Address:		City and State:	
2432 ALBANY AVE		HARTFORD CT 06117	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	1	48		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	77.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	88.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	75.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	67.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	45.8	36.8	37.7
Completely bedfast residents.	4	3.4	1.5	3.4
Residents confined to chairs.	24	20.3	46.3	50.8
Residents requiring restraints.	29	24.6	42.8	41.3
Confused or disoriented residents.	69	58.5	57.4	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	23	19.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUMMIT CONV HME

Street Address:		City and State:	
15 PRESTON ROAD		JEWETT CITY CT 06351	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	86.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	90.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	70.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	64.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	42.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	33	37.5	46.3	50.8
Residents requiring restraints.	50	56.8	42.8	41.3
Confused or disoriented residents.	47	53.4	57.4	58.4
Residents with bed sores.	5	5.7	5.2	7.1
Residents receiving special skin care.	17	19.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEDGECREST CONV HOSP

Street Address:		City and State:	
154 KENSINGTON RD		KENSINGTON CT 06037	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	79.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	87.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	100	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	84.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	36.8	37.7
Completely bedfast residents.	1	1.7	1.5	3.4
Residents confined to chairs.	28	48.3	46.3	50.8
Residents requiring restraints.	38	65.5	42.8	41.3
Confused or disoriented residents.	36	62.1	57.4	58.4
Residents with bed sores.	4	6.9	5.2	7.1
Residents receiving special skin care.	4	6.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATROUS NURSING CENTER

Street Address:		City and State:	
NECK RD, BOX 668		MADISON CT 06443	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	45	PROPRIETARY	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
43	0	20	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	37.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	74.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	65.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	65.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	24	55.8	46.3	50.8
Residents requiring restraints.	14	32.6	42.8	41.3
Confused or disoriented residents.	28	65.1	57.4	58.4
Residents with bed sores.	3	7.0	5.2	7.1
Residents receiving special skin care.	15	34.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTFIELD CONV HOME

Street Address:		City and State:	
565 VERNON ST		MANCHESTER CT 06040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	95	PROPRIETARY	05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	1	44		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	71.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	97.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	90.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	95.4	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	74.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	50.6	36.8	37.7
Completely bedfast residents.	3	3.4	1.5	3.4
Residents confined to chairs.	76	87.4	46.3	50.8
Residents requiring restraints.	60	69.0	42.8	41.3
Confused or disoriented residents.	58	66.7	57.4	58.4
Residents with bed sores.	6	6.9	5.2	7.1
Residents receiving special skin care.	9	10.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANCHESTER MANOR

Street Address:		City and State:	
385 W CENTER ST		MANCHESTER CT 06040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	33.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	55.9	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	14.7	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	14.7	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	1	1.5	7.5	31.7
Confused or disoriented residents.	5	7.4	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	0	0.0	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWS MANOR -EAST

Street Address:		City and State:	
333 BIDWELL ST BOX 1296		MANCHESTER CT 06040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	4	88		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	88.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	87.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	78.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	34.8	36.8	37.7
Completely bedfast residents.	4	3.5	1.5	3.4
Residents confined to chairs.	44	38.3	46.3	50.8
Residents requiring restraints.	58	50.4	42.8	41.3
Confused or disoriented residents.	1	0.9	57.4	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	29	25.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWS MANOR -WEST

Street Address:		City and State:	
333 BIDWELL ST BOX 1296		MANCHESTER CT 06040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	162	PROPRIETARY	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
159	0	147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	92.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	89.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	79.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	73.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	32.7	36.8	37.7
Completely bedfast residents.	2	1.3	1.5	3.4
Residents confined to chairs.	89	56.0	46.3	50.8
Residents requiring restraints.	72	45.3	42.8	41.3
Confused or disoriented residents.	69	43.4	57.4	58.4
Residents with bed sores.	6	3.8	5.2	7.1
Residents receiving special skin care.	70	44.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWS MANOR-SOUTH AND MEADOWS REST

Street Address:		City and State:	
333 BIDWELL STREET BOX 1296		MANCHESTER CT 06040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
230	6	171

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	215	93.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	56.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	49.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	52.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	50.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	23.5	36.8	37.7
Completely bedfast residents.	1	0.4	1.5	3.4
Residents confined to chairs.	100	43.5	46.3	50.8
Residents requiring restraints.	80	34.8	42.8	41.3
Confused or disoriented residents.	136	59.1	57.4	58.4
Residents with bed sores.	10	4.3	5.2	7.1
Residents receiving special skin care.	125	54.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARLBOROUGH HEALTH CARE CENTER, INC

Street Address: 85 STAGE HARBOR RD		City and State: MARLBOROUGH CT 06447	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 103
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	34.2	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	16.7	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	6.7	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	8.3	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	5.0	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	20	16.7	30.1	55.8
Residents with bed sores.	2	1.7	1.5	4.7
Residents receiving special skin care.	9	7.5	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INDEPENDENCE MANOR

Street Address:		City and State:	
33 ROY STREET		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	179	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	2	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	90.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	75.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	58.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	92.7	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	61.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	26.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	78	47.3	46.3	50.8
Residents requiring restraints.	66	40.0	42.8	41.3
Confused or disoriented residents.	105	63.6	57.4	58.4
Residents with bed sores.	5	3.0	5.2	7.1
Residents receiving special skin care.	32	19.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERIDEN NURSING HOME

Street Address:		City and State:	
845 PADDOCK AVE		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	3	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	89.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	87.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	83.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	85.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	77.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	13	11.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.6	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	72	61.0	46.3	50.8
Residents requiring restraints.	81	68.6	42.8	41.3
Confused or disoriented residents.	76	64.4	57.4	58.4
Residents with bed sores.	11	9.3	5.2	7.1
Residents receiving special skin care.	12	10.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLER MEMORIAL COMM

Street Address:		City and State:	
EDWARD PAVILION 360 BROAD ST		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	NON-PROFIT OTHER	08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	71.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	42.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	29.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	28.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	45.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	4.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	8	9.5	46.3	50.8
Residents requiring restraints.	24	28.6	42.8	41.3
Confused or disoriented residents.	25	29.8	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	0	0.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLS MANOR INC

Street Address:		City and State:	
292 THORPE AVENUE		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	30	NON-PROFIT RELIGIOUS	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	56.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	73.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	73.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	26.7	36.8	37.7
Completely bedfast residents.	1	3.3	1.5	3.4
Residents confined to chairs.	19	63.3	46.3	50.8
Residents requiring restraints.	8	26.7	42.8	41.3
Confused or disoriented residents.	9	30.0	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	7	23.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE CURTIS HOME-ST ELIZABETH CENTER

Street Address: 380 CROWN ST		City and State: MERIDEN CT 06450	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	39.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	50.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	39.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	32.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	13	22.0	46.3	50.8
Residents requiring restraints.	11	18.6	42.8	41.3
Confused or disoriented residents.	25	42.4	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	7	11.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THOMAS A COCCOMO MEMORIAL %ICF)

Street Address:		City and State:	
33 CONE AVE		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	0	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	3.7	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	21.2	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	1.2	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	1.2	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	5	6.3	30.1	55.8
Residents with bed sores.	1	1.2	1.5	4.7
Residents receiving special skin care.	1	1.2	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTFIELD MANOR NURSING HOME

Street Address:		City and State:	
65 WESTFIELD RD		MERIDEN CT 06450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
114	1	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	75.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	88.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	79.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	78.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	37.7	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	45	39.5	46.3	50.8
Residents requiring restraints.	66	57.9	42.8	41.3
Confused or disoriented residents.	63	55.3	57.4	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	18	15.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDDLEBURY CONVALESCENT HOME

Street Address:		City and State:	
778 MIDDLEBURG RD		MIDDLEBURY CT 06762	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	58	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	17		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	80.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	89.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	80.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	82.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	40.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	18	31.6	46.3	50.8
Residents requiring restraints.	32	56.1	42.8	41.3
Confused or disoriented residents.	36	63.2	57.4	58.4
Residents with bed sores.	1	1.8	5.2	7.1
Residents receiving special skin care.	4	7.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGH VIEW HEALTHCARE CENTER

Street Address: 600 HIGHLAND AVE		City and State: MIDDLETOWN CT 06457	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 3	Medicaid Residents: 56		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	84.9	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	86.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	79.1	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	64.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	31.4	36.8	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	53	61.6	46.3	50.8
Residents requiring restraints.	54	62.8	42.8	41.3
Confused or disoriented residents.	40	46.5	57.4	58.4
Residents with bed sores.	10	11.6	5.2	7.1
Residents receiving special skin care.	14	16.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME OF MIDDLETOWN, INC.

Street Address:		City and State:	
RIDGEWOOD RD		MIDDLETOWN CT 06457	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	28	NON-PROFIT OTHER	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	88.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	70.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	70.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	14.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	8	29.6	46.3	50.8
Residents requiring restraints.	4	14.8	42.8	41.3
Confused or disoriented residents.	17	63.0	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	4	14.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDDLESEX CONVALESCENT CENTER

Street Address: 100 RANDOLPH RD		City and State: MIDDLETOWN CT 06457	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	Medicare Residents: 3	Medicaid Residents: 115		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	69.2	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	108	75.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	96	67.1	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	93.0	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	62.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	34.3	36.8	37.7
Completely bedfast residents.	4	2.8	1.5	3.4
Residents confined to chairs.	62	43.4	46.3	50.8
Residents requiring restraints.	67	46.9	42.8	41.3
Confused or disoriented residents.	69	48.3	57.4	58.4
Residents with bed sores.	9	6.3	5.2	7.1
Residents receiving special skin care.	27	18.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEWOOD CENTRAL INC

Street Address: 959 WASHINGTON ST EXT		City and State: MIDDLETOWN CT 06457	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 1	Medicaid Residents: 68
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	70.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	92.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	97.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	92.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	77.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	32.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	44	49.4	46.3	50.8
Residents requiring restraints.	47	52.8	42.8	41.3
Confused or disoriented residents.	41	46.1	57.4	58.4
Residents with bed sores.	2	2.2	5.2	7.1
Residents receiving special skin care.	4	4.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WADSWORTH GLEN HEALTH CARE CENTER

Street Address: 30 BOSTON RD		City and State: MIDDLETOWN CT 06457	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 6	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	21.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	62.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	52.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	52.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.9	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	2	2.9	46.3	50.8
Residents requiring restraints.	13	18.8	42.8	41.3
Confused or disoriented residents.	32	46.4	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	3	4.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN HILL HEALTH CARE CENTER

Street Address:		City and State:	
2028 BRIDGEPORT AVE		MILFORD CT 06460	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	1	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	82.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	89.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	83.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	65.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	36.1	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	92	77.3	46.3	50.8
Residents requiring restraints.	52	43.7	42.8	41.3
Confused or disoriented residents.	39	32.8	57.4	58.4
Residents with bed sores.	7	5.9	5.2	7.1
Residents receiving special skin care.	0	0.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILFORD HEALTH CARE CENTER, INC

Street Address:		City and State:	
195 PLATT ST		MILFORD CT 06460	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	2	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	57.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	82.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	77.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	74.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	79.7	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	55	46.6	46.3	50.8
Residents requiring restraints.	42	35.6	42.8	41.3
Confused or disoriented residents.	59	50.0	57.4	58.4
Residents with bed sores.	7	5.9	5.2	7.1
Residents receiving special skin care.	34	28.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POND POINT S N F

Street Address: 60 PLATT ST		City and State: MILFORD CT 06460	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 3	Medicaid Residents: 101
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	81.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	91.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	69.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	46.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	28.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	82	62.1	46.3	50.8
Residents requiring restraints.	47	35.6	42.8	41.3
Confused or disoriented residents.	82	62.1	57.4	58.4
Residents with bed sores.	12	9.1	5.2	7.1
Residents receiving special skin care.	12	9.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHESTELM CONVALESCENT HOME

Street Address: E. TOWN STREET/RR. 139		City and State: MOODUS CT 06469	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 66	Type of Ownership: PROPRIETARY	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 2	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	80.3	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	78.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	75.4	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	73.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	39.3	36.8	37.7
Completely bedfast residents.	2	3.3	1.5	3.4
Residents confined to chairs.	28	45.9	46.3	50.8
Residents requiring restraints.	32	52.5	42.8	41.3
Confused or disoriented residents.	43	70.5	57.4	58.4
Residents with bed sores.	6	9.8	5.2	7.1
Residents receiving special skin care.	14	23.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARY ELIZABETH CONV HOME

Street Address: 28 BROADWAY		City and State: MYSTIC CT 06355	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	70.0	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	78.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	32	64.0	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	28.0	36.8	37.7
Completely bedfast residents.	1	2.0	1.5	3.4
Residents confined to chairs.	14	28.0	46.3	50.8
Residents requiring restraints.	18	36.0	42.8	41.3
Confused or disoriented residents.	15	30.0	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	1	2.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MYSTIC MANOR INC

Street Address: 475 HIGH ST		City and State: MYSTIC CT 06355	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	83.3	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	76.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	35.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	25	41.7	46.3	50.8
Residents requiring restraints.	15	25.0	42.8	41.3
Confused or disoriented residents.	24	40.0	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	14	23.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENDALE HEALTH CENTER

Street Address:		City and State:	
4 HAZEL AVE		NAUGATUCK CT 06770	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	2	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	87.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	78.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	76.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.0	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	55	46.2	46.3	50.8
Residents requiring restraints.	76	63.9	42.8	41.3
Confused or disoriented residents.	77	64.7	57.4	58.4
Residents with bed sores.	5	4.2	5.2	7.1
Residents receiving special skin care.	10	8.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDREW HOUSE SNF

Street Address: 66 CLINIC DR		City and State: NEW BRITAIN CT 06053	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 66	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	77.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	92.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	78.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	66.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	39.1	36.8	37.7
Completely bedfast residents.	3	3.4	1.5	3.4
Residents confined to chairs.	47	54.0	46.3	50.8
Residents requiring restraints.	46	52.9	42.8	41.3
Confused or disoriented residents.	52	59.8	57.4	58.4
Residents with bed sores.	6	6.9	5.2	7.1
Residents receiving special skin care.	34	39.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRITTANY FARMS HEALTH CENTER

Street Address:		City and State:	
400 BRITTANY FARMS RD		NEW BRITAIN CT 06053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	300	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
289	0	183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	206	71.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	56.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	41.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	59.2	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	45.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	23.5	36.8	37.7
Completely bedfast residents.	6	2.1	1.5	3.4
Residents confined to chairs.	103	35.6	46.3	50.8
Residents requiring restraints.	78	27.0	42.8	41.3
Confused or disoriented residents.	96	33.2	57.4	58.4
Residents with bed sores.	9	3.1	5.2	7.1
Residents receiving special skin care.	22	7.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEXINGTON CONV HOME

Street Address:		City and State:	
32 LEXINGTON ST		NEW BRITAIN CT 06052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	65	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	3	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	76.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	82.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	87.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	50.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	46	73.0	46.3	50.8
Residents requiring restraints.	30	47.6	42.8	41.3
Confused or disoriented residents.	50	79.4	57.4	58.4
Residents with bed sores.	13	20.6	5.2	7.1
Residents receiving special skin care.	39	61.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONSIGNOR BOJNOWSKI MANOR

Street Address:		City and State:	
50 PULASKI ST		NEW BRITAIN CT 06053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	88.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	100	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	100	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	16	27.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	57.6	36.8	37.7
Completely bedfast residents.	1	1.7	1.5	3.4
Residents confined to chairs.	30	50.8	46.3	50.8
Residents requiring restraints.	36	61.0	42.8	41.3
Confused or disoriented residents.	36	61.0	57.4	58.4
Residents with bed sores.	4	6.8	5.2	7.1
Residents receiving special skin care.	14	23.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE JEROME HOME

Street Address: 975 CORBIN AVE		City and State: NEW BRITAIN CT 06052	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 22
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	89.8	43.2	78.3
Dressing Residents requiring some or total assistance in dressing.	6	10.2	36.5	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	23.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	94.9	36.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	13.6	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	0	0.0	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	2	3.4	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALNUT HILL CONVALESCENT HOME

Street Address: 55 GRAND STREET		City and State: NEW BRITAIN CT 06053	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 192	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 3	Medicaid Residents: 120	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	80.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	88.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	147	82.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	72.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	40.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	165	92.7	46.3	50.8
Residents requiring restraints.	62	34.8	42.8	41.3
Confused or disoriented residents.	146	82.0	57.4	58.4
Residents with bed sores.	21	11.8	5.2	7.1
Residents receiving special skin care.	71	39.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAVENY CARE CENTER

Street Address:		City and State:	
3 FARM RD		NEW CANAAN CT 06840	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	67	NON-PROFIT OTHER	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
65	3	16		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	52.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	73.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	63.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	35.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	7	10.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	20.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	16.9	46.3	50.8
Residents requiring restraints.	5	7.7	42.8	41.3
Confused or disoriented residents.	18	27.7	57.4	58.4
Residents with bed sores.	2	3.1	5.2	7.1
Residents receiving special skin care.	18	27.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAREWELL REST HOME

Street Address:		City and State:	
260 DWIGHT STREET		NEW HAVEN CT 06511	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	45	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	43.2	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	77.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	27.3	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	100	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	31.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	6.8	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	5	11.4	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	44	100	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	0	0.0	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COVE MANOR CONVALESCENT HOME

Street Address:		City and State:	
36 MORRIS COVE ROAD		NEW HAVEN CT 06512	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	70	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	62.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	86.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	65.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	38.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	43.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	22.4	46.3	50.8
Residents requiring restraints.	34	50.7	42.8	41.3
Confused or disoriented residents.	23	34.3	57.4	58.4
Residents with bed sores.	2	3.0	5.2	7.1
Residents receiving special skin care.	3	4.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME FOR AGED

Street Address:		City and State:	
169 DAVENPORT AVE		NEW HAVEN CT 06510	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	210	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
210	0	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	195	92.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	74.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	159	75.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	63.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	8	3.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	17.1	36.8	37.7
Completely bedfast residents.	5	2.4	1.5	3.4
Residents confined to chairs.	77	36.7	46.3	50.8
Residents requiring restraints.	106	50.5	42.8	41.3
Confused or disoriented residents.	66	31.4	57.4	58.4
Residents with bed sores.	4	1.9	5.2	7.1
Residents receiving special skin care.	58	27.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW FAIRVIEW HEALTH CARE FACILITY

Street Address: 181 CLIFTON ST		City and State: NEW HAVEN CT 06513	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 195	Type of Ownership: PROPRIETARY	Survey Date: 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	Medicare Residents: 0	Medicaid Residents: 184
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	85.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	88.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	75.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	96.8	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	68.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	6	3.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	109	57.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	95	50.0	46.3	50.8
Residents requiring restraints.	120	63.2	42.8	41.3
Confused or disoriented residents.	125	65.8	57.4	58.4
Residents with bed sores.	4	2.1	5.2	7.1
Residents receiving special skin care.	190	100	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW HAVEN NURSING CENTER

Street Address:		City and State:	
50 MEAD ST		NEW HAVEN CT 06511	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	1	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	89.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	83.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	80.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	95.4	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	77.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	47.1	36.8	37.7
Completely bedfast residents.	2	2.3	1.5	3.4
Residents confined to chairs.	51	58.6	46.3	50.8
Residents requiring restraints.	40	46.0	42.8	41.3
Confused or disoriented residents.	55	63.2	57.4	58.4
Residents with bed sores.	4	4.6	5.2	7.1
Residents receiving special skin care.	53	60.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW MEDICAL RECOVERY CENTER

Street Address: 915 BOULEVARD		City and State: NEW HAVEN CT 06511	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 65
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	74.4	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	70.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	67.5	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.8	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	66.9	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	41.9	36.8	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	71	60.7	46.3	50.8
 Residents requiring restraints.	57	48.7	42.8	41.3
 Confused or disoriented residents.	34	29.1	57.4	58.4
 Residents with bed sores.	5	4.3	5.2	7.1
 Residents receiving special skin care.	25	21.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAINT REGIS HEALTH CENTER

Street Address:		City and State:	
1354 CHAPEL STREET		NEW HAVEN CT 06511	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	3	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	60.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	86.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	60.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	70.8	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	32.5	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	59	49.2	46.3	50.8
Residents requiring restraints.	74	61.7	42.8	41.3
Confused or disoriented residents.	86	71.7	57.4	58.4
Residents with bed sores.	8	6.7	5.2	7.1
Residents receiving special skin care.	84	70.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST ROCK HEALTH CARE CENTER

Street Address: 34 LEVEL STREET		City and State: NEW HAVEN CT 06516	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 85
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	38.4	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	69.8	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	20.9	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	25.6	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	9.3	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	3.5	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	7	8.1	5.2	39.1
Residents requiring restraints.	4	4.7	7.5	31.7
Confused or disoriented residents.	29	33.7	30.1	55.8
Residents with bed sores.	1	1.2	1.5	4.7
Residents receiving special skin care.	1	1.2	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINTHROP HEALTHCARE INC

Street Address:		City and State:	
240 WINTHROP AVE		NEW HAVEN CT 06511	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
231	0	203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	68.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	189	81.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	68.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	231	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	139	60.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	26.8	36.8	37.7
Completely bedfast residents.	4	1.7	1.5	3.4
Residents confined to chairs.	111	48.1	46.3	50.8
Residents requiring restraints.	85	36.8	42.8	41.3
Confused or disoriented residents.	118	51.1	57.4	58.4
Residents with bed sores.	14	6.1	5.2	7.1
Residents receiving special skin care.	65	28.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEECHWOOD MANOR INC

Street Address: 31 VAUXHALL STREET		City and State: NEW LONDON CT 06320	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 1	Medicaid Residents: 18	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	95.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	84.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	84.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	36.8	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	10	22.2	46.3	50.8
Residents requiring restraints.	17	37.8	42.8	41.3
Confused or disoriented residents.	21	46.7	57.4	58.4
Residents with bed sores.	1	2.2	5.2	7.1
Residents receiving special skin care.	45	100	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMELOT INC

Street Address: 89 VIETS STREET EXTENSION		City and State: NEW LONDON CT 06320	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 29
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	31.7	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	75.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	61.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	31.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.0	36.8	37.7
Completely bedfast residents.	1	1.7	1.5	3.4
Residents confined to chairs.	18	30.0	46.3	50.8
Residents requiring restraints.	24	40.0	42.8	41.3
Confused or disoriented residents.	39	65.0	57.4	58.4
Residents with bed sores.	4	6.7	5.2	7.1
Residents receiving special skin care.	15	25.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NUTMEG PAVILION

Street Address:		City and State:	
78 VIETS ST EXTENSION		NEW LONDON CT 06320	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
140	2	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	83.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	74.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	69.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	63.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	33.6	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	42	30.0	46.3	50.8
Residents requiring restraints.	71	50.7	42.8	41.3
Confused or disoriented residents.	69	49.3	57.4	58.4
Residents with bed sores.	7	5.0	5.2	7.1
Residents receiving special skin care.	12	8.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANDLEWOOD VALLEY CARE CTR

Street Address: 30 PARK LANE EAST		City and State: NEW MILFORD CT 06776	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 2	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	70.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	96.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	85.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	77.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	34.7	36.8	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	77	76.2	46.3	50.8
Residents requiring restraints.	39	38.6	42.8	41.3
Confused or disoriented residents.	63	62.4	57.4	58.4
Residents with bed sores.	3	3.0	5.2	7.1
Residents receiving special skin care.	34	33.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW MILFORD NURSING HOME

Street Address:		City and State:	
19 POPLAR ST		NEW MILFORD CT 06776	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
99	2	70		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	76.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	93.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	69.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	42.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	28	28.3	46.3	50.8
Residents requiring restraints.	48	48.5	42.8	41.3
Confused or disoriented residents.	67	67.7	57.4	58.4
Residents with bed sores.	6	6.1	5.2	7.1
Residents receiving special skin care.	18	18.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEL-AIR MANOR

Street Address:		City and State:	
256 NEW BRITAIN AVE		NEWINGTON CT 06111	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
69	0	43		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	18.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	26.1	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	24.6	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	2.9	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	24.6	19.4	59.1
Residents on individually written bowel and bladder retraining program.	16	23.2	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	28	40.6	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	16	23.2	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEFFERSON HOUSE

Street Address:		City and State:	
ONE JOHN H STEWART DR		NEWINGTON CT 06111	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	NON-PROFIT OTHER	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	12	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	54.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	59.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	55.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	98.9	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	28.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	11	12.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	18.2	36.8	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	9	10.2	46.3	50.8
Residents requiring restraints.	27	30.7	42.8	41.3
Confused or disoriented residents.	27	30.7	57.4	58.4
Residents with bed sores.	13	14.8	5.2	7.1
Residents receiving special skin care.	33	37.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIPLEX OF NEWINGTON

Street Address:		City and State:	
240 CHURCH ST		NEWINGTON CT 06111	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
176	2	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	60.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	61.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	59.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	98.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	59.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	25.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	57	32.4	46.3	50.8
Residents requiring restraints.	47	26.7	42.8	41.3
Confused or disoriented residents.	100	56.8	57.4	58.4
Residents with bed sores.	5	2.8	5.2	7.1
Residents receiving special skin care.	38	21.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASHLAR OF NEWTOWN INC

Street Address:		City and State:	
TODDY HILL RD		NEWTOWN CT 06470	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	156	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	74.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	72.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	58.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	62.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	29.0	36.8	37.7
Completely bedfast residents.	4	2.6	1.5	3.4
Residents confined to chairs.	78	50.3	46.3	50.8
Residents requiring restraints.	60	38.7	42.8	41.3
Confused or disoriented residents.	72	46.5	57.4	58.4
Residents with bed sores.	9	5.8	5.2	7.1
Residents receiving special skin care.	43	27.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTONVILLE MANOR

Street Address:		City and State:	
201 CLINTONVILLE RD		NORTH HAVEN CT 06473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	0	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	26.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	12.5	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	112	100	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	25.9	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	1.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	4	3.6	7.5	31.7
Confused or disoriented residents.	22	19.6	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	16	14.3	12.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTOWESE HEALTH CARE CENTER

Street Address:		City and State:	
163 QUINNIPIAC AVENUE		NORTH HAVEN CT 06473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
58		2		29	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	91.4	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		53	91.4	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		55	94.8	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		55	94.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	58.6	36.8	37.7
Completely bedfast residents.		0	0.0	1.5	3.4
Residents confined to chairs.		40	69.0	46.3	50.8
Residents requiring restraints.		30	51.7	42.8	41.3
Confused or disoriented residents.		38	65.5	57.4	58.4
Residents with bed sores.		1	1.7	5.2	7.1
Residents receiving special skin care.		58	100	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRFIELD MANOR HEALTH CARE CENTER

Street Address:		City and State:	
23 PROSPECT AVENUE		NORWALK CT 06850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	07/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
232	0	206		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	203	87.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	78.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	67.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	232	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	152	65.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	26.3	36.8	37.7
Completely bedfast residents.	3	1.3	1.5	3.4
Residents confined to chairs.	107	46.1	46.3	50.8
Residents requiring restraints.	87	37.5	42.8	41.3
Confused or disoriented residents.	110	47.4	57.4	58.4
Residents with bed sores.	18	7.8	5.2	7.1
Residents receiving special skin care.	61	26.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEA MANOR HEALTH CARE CENTER, INC.

Street Address: 73 STRAWBERRY HILL AVENUE		City and State: NORWALK CT 06855	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 1	Medicaid Residents: 82
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	80.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	71.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	60.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.3	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	49.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.9	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	28.1	46.3	50.8
Residents requiring restraints.	34	29.8	42.8	41.3
Confused or disoriented residents.	54	47.4	57.4	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	4	3.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOTRE DAME CONV HOME

Street Address:		City and State:	
76 WEST ROCKS RD		NORWALK CT 06851	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	89.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	84.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	44.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	46	78.0	46.3	50.8
Residents requiring restraints.	33	55.9	42.8	41.3
Confused or disoriented residents.	44	74.6	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	5	8.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OVERLOOK PARK HEALTH CARE

Street Address:		City and State:	
4 ELMCREST TERRACE		NORWALK CT 06850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	90	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
83		10		52	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	79.5	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		70	84.3	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		66	79.5	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		59	71.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	32.5	36.8	37.7
Completely bedfast residents.		0	0.0	1.5	3.4
Residents confined to chairs.		40	48.2	46.3	50.8
Residents requiring restraints.		43	51.8	42.8	41.3
Confused or disoriented residents.		63	75.9	57.4	58.4
Residents with bed sores.		9	10.8	5.2	7.1
Residents receiving special skin care.		72	86.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT CENTER OF NORWICH

Street Address:		City and State:	
60 CROUCH AVE		NORWICH CT 06360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	3	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	80.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	67.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	57.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	64.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	24.3	36.8	37.7
Completely bedfast residents.	3	2.6	1.5	3.4
Residents confined to chairs.	51	44.3	46.3	50.8
Residents requiring restraints.	37	32.2	42.8	41.3
Confused or disoriented residents.	44	38.3	57.4	58.4
Residents with bed sores.	8	7.0	5.2	7.1
Residents receiving special skin care.	31	27.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMACHRI CONVALESCENT HOME

Street Address:		City and State:	
251 WASHINGTON STREET		NORWICH CT 06360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	30	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	76.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	84.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	65.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	12	46.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	46.2	36.8	37.7
Completely bedfast residents.	1	3.8	1.5	3.4
Residents confined to chairs.	6	23.1	46.3	50.8
Residents requiring restraints.	10	38.5	42.8	41.3
Confused or disoriented residents.	16	61.5	57.4	58.4
Residents with bed sores.	1	3.8	5.2	7.1
Residents receiving special skin care.	1	3.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRLAWN CONVALESCENT HOME

Street Address:		City and State:	
5 ROCKWELL TERRACE		NORWICH CT 06360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	45	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	60.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	73.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	55.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	28.9	36.8	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	6	13.3	46.3	50.8
Residents requiring restraints.	10	22.2	42.8	41.3
Confused or disoriented residents.	30	66.7	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	4	8.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMILTON PAVILION NURSING HOME

Street Address: 50 PALMER ST		City and State: NORWICH CT 06360	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 0	Medicaid Residents: 118
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	71.3	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	125	79.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	62.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	30.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	50	31.8	46.3	50.8
Residents requiring restraints.	77	49.0	42.8	41.3
Confused or disoriented residents.	83	52.9	57.4	58.4
Residents with bed sores.	6	3.8	5.2	7.1
Residents receiving special skin care.	8	5.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORWICHTOWN CONV HOME

Street Address:		City and State:	
91 W TOWN ST		NORWICH CT 06360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	2	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	77.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	86.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	75.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	99.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	69.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	28.4	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	49	45.0	46.3	50.8
Residents requiring restraints.	28	25.7	42.8	41.3
Confused or disoriented residents.	54	49.5	57.4	58.4
Residents with bed sores.	1	0.9	5.2	7.1
Residents receiving special skin care.	60	55.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLADEVIEW HEALTH CARE CENTER

Street Address: 60 BOSTON POST RD		City and State: OLD SAYBROOK CT 06475	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 6	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	100	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	6	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	6	100	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	83.3	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	33.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	16.7	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	1	16.7	46.3	50.8
Residents requiring restraints.	0	0.0	42.8	41.3
Confused or disoriented residents.	1	16.7	57.4	58.4
Residents with bed sores.	1	16.7	5.2	7.1
Residents receiving special skin care.	2	33.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAYBROOK CONVALESCENT HOME

Street Address:		City and State:	
BOSTON POST ROAD		OLD SAYBROOK CT 06475	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	1	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	81.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	90.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	84.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	85.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	47.4	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	96	82.8	46.3	50.8
Residents requiring restraints.	66	56.9	42.8	41.3
Confused or disoriented residents.	77	66.4	57.4	58.4
Residents with bed sores.	1	0.9	5.2	7.1
Residents receiving special skin care.	12	10.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LYDIAN INC

Street Address:		City and State:	
324 GRASSY HILL RD		ORANGE CT 06477	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	27	PROPRIETARY	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
27	0	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	6	22.2	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	11.1	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	7.4	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	14.8	19.4	59.1
Residents on individually written bowel and bladder retraining program.	21	77.8	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	3.7	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	3.7	5.2	39.1
Residents requiring restraints.	1	3.7	7.5	31.7
Confused or disoriented residents.	6	22.2	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	1	3.7	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORANGE HEALTH CARE FACILITY

Street Address:		City and State:	
225 BOSTON POST ROAD		ORANGE CT 06477	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
55	0	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	81.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	87.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	60.0	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	56.4	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.8	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	31	56.4	5.2	39.1
Residents requiring restraints.	26	47.3	7.5	31.7
Confused or disoriented residents.	32	58.2	30.1	55.8
Residents with bed sores.	1	1.8	1.5	4.7
Residents receiving special skin care.	20	36.4	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA MARIA NURSING HOME INC

Street Address: 20 BABCOCK AVE		City and State: PLAINFIELD CT 06374	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	76.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	76.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	53.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	44.2	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	38	73.1	46.3	50.8
Residents requiring restraints.	27	51.9	42.8	41.3
Confused or disoriented residents.	31	59.6	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	1	1.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE MANOR HEALTH CARE, INC.

Street Address: P.O. BOX 126		City and State: PLAINFIELD CT 06374	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 13	Medicaid Residents: 72	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	51.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	46.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	21.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	17.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	2.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	4	4.5	46.3	50.8
Residents requiring restraints.	11	12.5	42.8	41.3
Confused or disoriented residents.	18	20.5	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	16	18.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLAINVILLE HEALTH CARE CENTER, INC

Street Address:		City and State:	
269 FARMINGTON AVE		PLAINVILLE CT 06062	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
176	5	104		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	82.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	86.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	70.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	79.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	34.7	36.8	37.7
Completely bedfast residents.	3	1.7	1.5	3.4
Residents confined to chairs.	100	56.8	46.3	50.8
Residents requiring restraints.	76	43.2	42.8	41.3
Confused or disoriented residents.	89	50.6	57.4	58.4
Residents with bed sores.	7	4.0	5.2	7.1
Residents receiving special skin care.	32	18.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COOK-WILLOW REST CONV HOSP

Street Address: 41 HILLSIDE AVE		City and State: PLYMOUTH CT 06782	
Participation: MEDICAID SNF/ICF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 19	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	66.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	80.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	80.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	33.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	18	60.0	46.3	50.8
Residents requiring restraints.	4	13.3	42.8	41.3
Confused or disoriented residents.	17	56.7	57.4	58.4
Residents with bed sores.	1	3.3	5.2	7.1
Residents receiving special skin care.	6	20.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORTLAND CONVALESCENT CENTRE INC

Street Address:		City and State:	
333 MAIN STREET		PORTLAND CT 06480	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
86	0	48	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	88.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	88.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	74.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	89.5	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	59.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	29.1	36.8	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	35	40.7	46.3	50.8
Residents requiring restraints.	25	29.1	42.8	41.3
Confused or disoriented residents.	48	55.8	57.4	58.4
Residents with bed sores.	2	2.3	5.2	7.1
Residents receiving special skin care.	6	7.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY MANOR HEALTH CARE CENTER

Street Address: 64 SUMMIT ROAD		City and State: PROSPECT CT 06712	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149		Medicare Residents: 0		Medicaid Residents: 129	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		114	76.5	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		117	78.5	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		99	66.4	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		149	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		95	63.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	29.5	36.8	37.7
Completely bedfast residents.		0	0.0	1.5	3.4
Residents confined to chairs.		53	35.6	46.3	50.8
Residents requiring restraints.		74	49.7	42.8	41.3
Confused or disoriented residents.		88	59.1	57.4	58.4
Residents with bed sores.		3	2.0	5.2	7.1
Residents receiving special skin care.		58	38.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTVIEW MANOR INC

Street Address: 170 SCOTT RD		City and State: PROSPECT CT 06712	
Participation: MEDICAID SNF/ICF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 24
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	83.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	19	63.3	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	8	26.7	46.3	50.8
Residents requiring restraints.	11	36.7	42.8	41.3
Confused or disoriented residents.	23	76.7	57.4	58.4
Residents with bed sores.	1	3.3	5.2	7.1
Residents receiving special skin care.	2	6.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATULAITIS NURSING HOME

Street Address:		City and State:	
RT 44 THURBER AVE		PUTNAM CT 06260	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	119	NON-PROFIT OTHER	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	57.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	93.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	43.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	46.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.5	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	41	35.0	46.3	50.8
Residents requiring restraints.	40	34.2	42.8	41.3
Confused or disoriented residents.	52	44.4	57.4	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	5	4.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKVILLE MEMORIAL NURS HOME

Street Address: 22 SOUTH STREET		City and State: ROCKVILLE CT 06066	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 0	Medicaid Residents: 90
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	93.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	91.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	85.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	87.1	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	72.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	35.4	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	89	60.5	46.3	50.8
Residents requiring restraints.	70	47.6	42.8	41.3
Confused or disoriented residents.	73	49.7	57.4	58.4
Residents with bed sores.	1	0.7	5.2	7.1
Residents receiving special skin care.	65	44.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELM HILL NURSING CENTER INC

Street Address: 45 ELM STREET		City and State: ROCKY HILL CT 06067	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	Medicare Residents: 0	Medicaid Residents: 92		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	88.9	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	112	77.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	106	73.6	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	64.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	36.1	36.8	37.7
Completely bedfast residents.	2	1.4	1.5	3.4
Residents confined to chairs.	56	38.9	46.3	50.8
Residents requiring restraints.	55	38.2	42.8	41.3
Confused or disoriented residents.	78	54.2	57.4	58.4
Residents with bed sores.	9	6.3	5.2	7.1
Residents receiving special skin care.	58	40.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE VIEW MANOR

Street Address: 856 MAPLE STREET		City and State: ROCKY HILL CT 06067	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 1	Medicaid Residents: 68	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	90.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	88.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	75.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	74.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	38.2	36.8	37.7
Completely bedfast residents.	3	2.7	1.5	3.4
Residents confined to chairs.	46	41.8	46.3	50.8
Residents requiring restraints.	31	28.2	42.8	41.3
Confused or disoriented residents.	73	66.4	57.4	58.4
Residents with bed sores.	4	3.6	5.2	7.1
Residents receiving special skin care.	10	9.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST HILL CONV HOME

Street Address:		City and State:	
60 WEST STREET		ROCKY HILL CT 06067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	4	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	94.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	92.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	84.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	94.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	84.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	41.1	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	54	48.2	46.3	50.8
Residents requiring restraints.	49	43.8	42.8	41.3
Confused or disoriented residents.	90	80.4	57.4	58.4
Residents with bed sores.	6	5.4	5.2	7.1
Residents receiving special skin care.	42	37.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITRIDGE NRSG WING RIGA RES NOBLE HOR

Street Address:		City and State:	
LOWER COBBLE ROAD		SALISBURY CT 06068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	69.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	62.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	62.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	14.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	20	35.7	46.3	50.8
Residents requiring restraints.	15	26.8	42.8	41.3
Confused or disoriented residents.	22	39.3	57.4	58.4
Residents with bed sores.	1	1.8	5.2	7.1
Residents receiving special skin care.	10	17.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORA MARY HEWITT HOSPITAL INC

Street Address: 230 CORAM AVE		City and State: SHELTON CT 06484	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 210	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209	Medicare Residents: 0	Medicaid Residents: 143
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	69.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	83.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	143	68.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	209	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	64.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	32.5	36.8	37.7
Completely bedfast residents.	4	1.9	1.5	3.4
Residents confined to chairs.	99	47.4	46.3	50.8
Residents requiring restraints.	111	53.1	42.8	41.3
Confused or disoriented residents.	132	63.2	57.4	58.4
Residents with bed sores.	3	1.4	5.2	7.1
Residents receiving special skin care.	17	8.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDNER HEIGHTS NURSING HOME

Street Address: 172 ROCKY REST ROAD		City and State: SHELTON CT 06484	
Participation: MEDICAID SNF/ICF	# of Beds: 179	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	Medicare Residents: 0	Medicaid Residents: 130
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	80.7	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	113	66.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	89	52.0	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	48.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	18.7	36.8	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	68	39.8	46.3	50.8
Residents requiring restraints.	39	22.8	42.8	41.3
Confused or disoriented residents.	126	73.7	57.4	58.4
Residents with bed sores.	9	5.3	5.2	7.1
Residents receiving special skin care.	56	32.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELTON LAKES RES + HCC INC

Street Address: FIVE LAKE RD		City and State: SHELTON CT 06484	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 59	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	84.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	89.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	83.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	84.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	36.8	37.7
Completely bedfast residents.	4	6.8	1.5	3.4
Residents confined to chairs.	30	50.8	46.3	50.8
Residents requiring restraints.	35	59.3	42.8	41.3
Confused or disoriented residents.	49	83.1	57.4	58.4
Residents with bed sores.	3	5.1	5.2	7.1
Residents receiving special skin care.	21	35.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED METHODIST CONV HOME

Street Address:		City and State:	
584 LONG HILL AVE		SHELTON CT 06484	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	81.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	83.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	75.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	72.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	32.5	36.8	37.7
Completely bedfast residents.	5	4.3	1.5	3.4
Residents confined to chairs.	74	63.2	46.3	50.8
Residents requiring restraints.	63	53.8	42.8	41.3
Confused or disoriented residents.	60	51.3	57.4	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	34	29.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCLEAN HOME

Street Address:		City and State:	
75 GREAT POND RD		SIMSBURY CT 06070	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	95	NON-PROFIT OTHER	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	3	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	89.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	68.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	73.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.7	36.8	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	41	46.1	46.3	50.8
Residents requiring restraints.	41	46.1	42.8	41.3
Confused or disoriented residents.	34	38.2	57.4	58.4
Residents with bed sores.	3	3.4	5.2	7.1
Residents receiving special skin care.	10	11.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIMSBURY MANOR INC (FORM'Y HOLLY HILL)

Street Address: 40 FIRETOWN RD		City and State: SIMSBURY CT 06070	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 43		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	77.2	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	89.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	80.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	77.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	61.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	56.1	46.3	50.8
Residents requiring restraints.	29	50.9	42.8	41.3
Confused or disoriented residents.	46	80.7	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	6	10.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH WINDSOR CONV HOME

Street Address:		City and State:	
1060 MAIN ST		SOUTH WINDSOR CT 06074	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	1	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	92.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	88.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	71.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	87.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	44.4	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	63	58.3	46.3	50.8
Residents requiring restraints.	58	53.7	42.8	41.3
Confused or disoriented residents.	81	75.0	57.4	58.4
Residents with bed sores.	17	15.7	5.2	7.1
Residents receiving special skin care.	34	31.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME OF SOUTHBURY INC

Street Address:		City and State:	
MAIN ST		SOUTHBURY CT 06488	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	0	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	69.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	69.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	61.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	48.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	23	20.4	46.3	50.8
Residents requiring restraints.	36	31.9	42.8	41.3
Confused or disoriented residents.	67	59.3	57.4	58.4
Residents with bed sores.	5	4.4	5.2	7.1
Residents receiving special skin care.	34	30.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POMPERAUG WOODS HEALTH CENTER

Street Address:		City and State:	
80 HERITAGE ROAD		SOUTHBURY CT 06488	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	22	NON-PROFIT PRIVATE	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	100	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	0	0.0	46.3	50.8
Residents requiring restraints.	2	100	42.8	41.3
Confused or disoriented residents.	1	50.0	57.4	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	1	50.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER GLEN CONV CENTER

Street Address:		City and State:	
SOUTH BRITAIN ROAD		SOUTHBURY CT 06488	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	1	69	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	61.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	61.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	57.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	42.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	45	37.5	46.3	50.8
Residents requiring restraints.	42	35.0	42.8	41.3
Confused or disoriented residents.	58	48.3	57.4	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	120	100	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEWOOD HLTH CARE FAC

Street Address:		City and State:	
MERIDEN AVE		SOUTHINGTON CT 06489	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	38	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	45.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	45.9	36.8	37.7
Completely bedfast residents.	1	2.7	1.5	3.4
Residents confined to chairs.	15	40.5	46.3	50.8
Residents requiring restraints.	20	54.1	42.8	41.3
Confused or disoriented residents.	19	51.4	57.4	58.4
Residents with bed sores.	4	10.8	5.2	7.1
Residents receiving special skin care.	8	21.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODMERE HEALTH CARE CENTER

Street Address:		City and State:	
261 SUMMIT ST		SOUTHINGTON CT 06489	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
142	0	132		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	77.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	84.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	74.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	74.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	8	5.6	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	43.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	116	81.7	46.3	50.8
Residents requiring restraints.	99	69.7	42.8	41.3
Confused or disoriented residents.	44	31.0	57.4	58.4
Residents with bed sores.	10	7.0	5.2	7.1
Residents receiving special skin care.	64	45.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHPORT MANOR

Street Address:		City and State:	
930 MILL HILL TERRACE		SOUTHPORT CT 06490	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	140	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
131	10	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	88.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	92.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	79.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	71.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	35.1	36.8	37.7
Completely bedfast residents.	2	1.5	1.5	3.4
Residents confined to chairs.	71	54.2	46.3	50.8
Residents requiring restraints.	57	43.5	42.8	41.3
Confused or disoriented residents.	110	84.0	57.4	58.4
Residents with bed sores.	9	6.9	5.2	7.1
Residents receiving special skin care.	47	35.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COURTLAND GARDENS HEALTH CENTER

Street Address:		City and State:	
59 COURTLAND AVE		STAMFORD CT 06902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	180	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
167	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

150 89.8 78.8 81.5

Dressing

Residents requiring some or total assistance in dressing.

152 91.0 80.0 83.2

Toileting

Residents requiring some or total assistance in toileting.

129 77.2 69.3 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

167 100 100 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

110 65.9 66.9 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 1.4 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

54 32.3 36.8 37.7

Completely bedfast residents.

16 9.6 1.5 3.4

Residents confined to chairs.

74 44.3 46.3 50.8

Residents requiring restraints.

77 46.1 42.8 41.3

Confused or disoriented residents.

100 59.9 57.4 58.4

Residents with bed sores.

2 1.2 5.2 7.1

Residents receiving special skin care.

24 14.4 27.1 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOMESTEAD CONVALESCENT HOME, INC.

Street Address: 160 GLENBROOK RD		City and State: STAMFORD CT 06902	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 87	Type of Ownership: PROPRIETARY	Survey Date: 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	95.3	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	92.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	88.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	94.1	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	43.5	36.8	37.7
Completely bedfast residents.	3	3.5	1.5	3.4
Residents confined to chairs.	44	51.8	46.3	50.8
Residents requiring restraints.	53	62.4	42.8	41.3
Confused or disoriented residents.	60	70.6	57.4	58.4
Residents with bed sores.	2	2.4	5.2	7.1
Residents receiving special skin care.	4	4.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SMITH HOUSE

Street Address: 88 ROCKRIMMON RD		City and State: STAMFORD CT 06903	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 128	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	Medicare Residents: 4	Medicaid Residents: 113	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	75.8	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	109	85.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	67.2	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	100	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	70.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	31.3	36.8	37.7
Completely bedfast residents.	2	1.6	1.5	3.4
Residents confined to chairs.	56	43.8	46.3	50.8
Residents requiring restraints.	55	43.0	42.8	41.3
Confused or disoriented residents.	80	62.5	57.4	58.4
Residents with bed sores.	8	6.3	5.2	7.1
Residents receiving special skin care.	18	14.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LORD CHAMBERLAIN NURS FACILITY

Street Address:		City and State:	
7003 MAIN ST		STRATFORD CT 06497	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	177	100	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	100	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	177	100	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	83.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	33.9	36.8	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	68	38.4	46.3	50.8
Residents requiring restraints.	104	58.8	42.8	41.3
Confused or disoriented residents.	144	81.4	57.4	58.4
Residents with bed sores.	11	6.2	5.2	7.1
Residents receiving special skin care.	40	22.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADAMS HOUSE HEALTH CARE

Street Address: 80 FERN DRIVE		City and State: TORRINGTON CT 06790	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 61
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	72.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	84.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	74.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	58.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.8	36.8	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	38	42.2	46.3	50.8
Residents requiring restraints.	54	60.0	42.8	41.3
Confused or disoriented residents.	65	72.2	57.4	58.4
Residents with bed sores.	2	2.2	5.2	7.1
Residents receiving special skin care.	27	30.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TORRINGTON EXTEND-A-CARE CENTRE

Street Address: 225 WYOMING AVE		City and State: TORRINGTON CT 06790	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 2	Medicaid Residents: 77
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	93.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	92.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	91.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	77.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.2	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	83	70.9	46.3	50.8
Residents requiring restraints.	55	47.0	42.8	41.3
Confused or disoriented residents.	87	74.4	57.4	58.4
Residents with bed sores.	10	8.5	5.2	7.1
Residents receiving special skin care.	33	28.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALERIE MANOR

Street Address: 1360 TORRINGFORD ST.		City and State: TORRINGTON CT 06790	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 87	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	67.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	77.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	58.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	67	56.3	46.3	50.8
Residents requiring restraints.	51	42.9	42.8	41.3
Confused or disoriented residents.	82	68.9	57.4	58.4
Residents with bed sores.	6	5.0	5.2	7.1
Residents receiving special skin care.	8	6.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOLCOTT HALL N H

Street Address:		City and State:	
215 FOREST ST		TORRINGTON CT 06790	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	84.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	94.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	75.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	85.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	31.1	36.8	37.7
Completely bedfast residents.	2	2.2	1.5	3.4
Residents confined to chairs.	43	47.8	46.3	50.8
Residents requiring restraints.	33	36.7	42.8	41.3
Confused or disoriented residents.	61	67.8	57.4	58.4
Residents with bed sores.	6	6.7	5.2	7.1
Residents receiving special skin care.	12	13.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST JOSEPH MANOR NURSING HOME

Street Address:		City and State:	
6448 MAIN ST		TRUMBULL CT 06611	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	273	NON-PROFIT RELIGIOUS	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
258	2	183		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	222	86.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	214	82.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	167	64.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	258	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	64.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	29.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	124	48.1	46.3	50.8
Residents requiring restraints.	101	39.1	42.8	41.3
Confused or disoriented residents.	196	76.0	57.4	58.4
Residents with bed sores.	16	6.2	5.2	7.1
Residents receiving special skin care.	104	40.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VERNON MANOR HEALTH CARE FACILITY

Street Address: 180 REGAN ROAD		City and State: VERNON CT 06066	
Participation: MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	84.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	87.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	79.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	69.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	30.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	62	54.9	46.3	50.8
Residents requiring restraints.	64	56.6	42.8	41.3
Confused or disoriented residents.	64	56.6	57.4	58.4
Residents with bed sores.	7	6.2	5.2	7.1
Residents receiving special skin care.	18	15.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MASONIC HOME + HOSP-SNF

Street Address:		City and State:	
MASONIC AVE		WALLINGFORD CT 06492	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	382	NON-PROFIT OTHER	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
357	2	217

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	224	62.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	192	53.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	43.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	357	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	207	58.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	19.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	175	49.0	46.3	50.8
Residents requiring restraints.	109	30.5	42.8	41.3
Confused or disoriented residents.	157	44.0	57.4	58.4
Residents with bed sores.	10	2.8	5.2	7.1
Residents receiving special skin care.	90	25.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATTATUCK HLTH CARE

Street Address: 9 CLIFF ST		City and State: WALLINGFORD CT 06492	
Participation: MEDICAID ICF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 27
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	76.2	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	28.6	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	88.1	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	45.2	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	14.3	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	4.8	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	2.4	5.2	39.1
Residents requiring restraints.	2	4.8	7.5	31.7
Confused or disoriented residents.	6	14.3	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	9	21.4	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW BROOK HOLLOW HEALTH CARE CENTER

Street Address:		City and State:	
55 KONDRACKI LANE		WALLINGFORD CT 06492	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	1	170

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	67.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	73.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	65.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	67.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	7	3.9	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	33.3	36.8	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	96	53.3	46.3	50.8
Residents requiring restraints.	93	51.7	42.8	41.3
Confused or disoriented residents.	73	40.6	57.4	58.4
Residents with bed sores.	12	6.7	5.2	7.1
Residents receiving special skin care.	16	8.9	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYVIEW CONVALESCENT HOME

Street Address:		City and State:	
MARC DR		WALLINGFORD CT 06492	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
84	1	68			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	71.4	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		58	69.0	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		61	72.6	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		84	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		46	54.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	28.6	36.8	37.7
Completely bedfast residents.		1	1.2	1.5	3.4
Residents confined to chairs.		45	53.6	46.3	50.8
Residents requiring restraints.		48	57.1	42.8	41.3
Confused or disoriented residents.		41	48.8	57.4	58.4
Residents with bed sores.		0	0.0	5.2	7.1
Residents receiving special skin care.		0	0.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALLINGFORD CONV HME

Street Address: 181 E MAIN ST		City and State: WALLINGFORD CT 06492	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	Medicare Residents: 3	Medicaid Residents: 96
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	80.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	85.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	66.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	68.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	26.6	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	64	50.0	46.3	50.8
Residents requiring restraints.	67	52.3	42.8	41.3
Confused or disoriented residents.	70	54.7	57.4	58.4
Residents with bed sores.	5	3.9	5.2	7.1
Residents receiving special skin care.	25	19.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAMORE REST HAVEN

Street Address:		City and State:	
171 MAIN ST		WAREHOUSE POINT CT 06088	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	25.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	13.5	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	2.2	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	4.5	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	9.0	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	0	0.0	7.5	31.7
Confused or disoriented residents.	10	11.2	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	24	27.0	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT HILL REHAB CENTER

Street Address: 96 PROSPECT HILL ROAD		City and State: _____ WAREHOUSE POINT CT 06088	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 0	Medicaid Residents: 139	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	64.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	71.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	55.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	59.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	14.0	36.8	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	79	44.4	46.3	50.8
Residents requiring restraints.	77	43.3	42.8	41.3
Confused or disoriented residents.	132	74.2	57.4	58.4
Residents with bed sores.	10	5.6	5.2	7.1
Residents receiving special skin care.	57	32.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBOTT TERRACE HEALTH CENTER

Street Address:		City and State:	
44 ABBOTT TERRACE		WATERBURY CT 06702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
150	0	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	58.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	74.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	66.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	58.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	31.3	36.8	37.7
Completely bedfast residents.	2	1.3	1.5	3.4
Residents confined to chairs.	52	34.7	46.3	50.8
Residents requiring restraints.	56	37.3	42.8	41.3
Confused or disoriented residents.	38	25.3	57.4	58.4
Residents with bed sores.	8	5.3	5.2	7.1
Residents receiving special skin care.	39	26.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR LANE REHAB HEALTH CARE CTR

Street Address:		City and State:	
128 CEDAR AVE		WATERBURY CT 06705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
174	9	81		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	77.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	148	85.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	79.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	36.8	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	71.8	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	59.2	36.8	37.7
Completely bedfast residents.	5	2.9	1.5	3.4
Residents confined to chairs.	119	68.4	46.3	50.8
Residents requiring restraints.	72	41.4	42.8	41.3
Confused or disoriented residents.	96	55.2	57.4	58.4
Residents with bed sores.	13	7.5	5.2	7.1
Residents receiving special skin care.	43	24.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST END CONV HOME

Street Address:		City and State:	
3396 E MAIN ST		WATERBURY CT 06705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	80.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	88.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	76.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	95.0	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	43.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	53.3	46.3	50.8
Residents requiring restraints.	19	31.7	42.8	41.3
Confused or disoriented residents.	32	53.3	57.4	58.4
Residents with bed sores.	2	3.3	5.2	7.1
Residents receiving special skin care.	3	5.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GROVE MANOR INC

Street Address:		City and State:	
145 GROVE STREET		WATERBURY CT 06705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	4	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	93.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	91.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	77.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	77.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	36.8	37.7
Completely bedfast residents.	1	1.7	1.5	3.4
Residents confined to chairs.	16	27.6	46.3	50.8
Residents requiring restraints.	36	62.1	42.8	41.3
Confused or disoriented residents.	31	53.4	57.4	58.4
Residents with bed sores.	7	12.1	5.2	7.1
Residents receiving special skin care.	7	12.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATTATUCK EXTENDED CARE, INC

Street Address:		City and State:	
21 CLIFF ST		WATERBURY CT 06710	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	52	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	70.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	60.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	60.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.0	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	9	18.0	46.3	50.8
Residents requiring restraints.	0	0.0	42.8	41.3
Confused or disoriented residents.	11	22.0	57.4	58.4
Residents with bed sores.	1	2.0	5.2	7.1
Residents receiving special skin care.	29	58.0	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDICARE PAVILION CORP

Street Address: 1132 MERIDEN RD		City and State: WATERBURY CT 06705	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 03/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 1	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	94.4	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	96.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	86.7	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	88.9	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	88.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.3	36.8	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	21	23.3	46.3	50.8
Residents requiring restraints.	46	51.1	42.8	41.3
Confused or disoriented residents.	65	72.2	57.4	58.4
Residents with bed sores.	3	3.3	5.2	7.1
Residents receiving special skin care.	5	5.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKCLIFF CONVALESCENT HOME INC

Street Address:		City and State:	
71 PLAZA AVENUE		WATERBURY CT 06710	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
75	2	31		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	84.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	90.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	70.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.0	36.8	37.7
Completely bedfast residents.	3	4.0	1.5	3.4
Residents confined to chairs.	32	42.7	46.3	50.8
Residents requiring restraints.	34	45.3	42.8	41.3
Confused or disoriented residents.	54	72.0	57.4	58.4
Residents with bed sores.	4	5.3	5.2	7.1
Residents receiving special skin care.	4	5.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR

Street Address: 1312 W MAIN ST		City and State: WATERBURY CT 06708	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	Medicare Residents: 5	Medicaid Residents: 86
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	81.7	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	35.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	56.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	92.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	137	96.5	36.8	37.7
Completely bedfast residents.	80	56.3	1.5	3.4
Residents confined to chairs.	64	45.1	46.3	50.8
Residents requiring restraints.	82	57.7	42.8	41.3
Confused or disoriented residents.	82	57.7	57.4	58.4
Residents with bed sores.	12	8.5	5.2	7.1
Residents receiving special skin care.	21	14.8	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RONCALLI WOODLAND, INC

Street Address:		City and State:	
3584 E MAIN ST		WATERBURY CT 06705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	NON-PROFIT RELIGIOUS	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	79.8	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	53.9	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	7.9	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	5.6	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	11.2	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	1	1.1	7.5	31.7
Confused or disoriented residents.	27	30.3	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	7	7.9	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSE MANOR REST HOME

Street Address: 107 SOUTH VIEW ST		City and State: WATERBURY CT 06706	
Participation: MEDICAID ICF	# of Beds: 22	Type of Ownership: PROPRIETARY	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	Medicare Residents: 0	Medicaid Residents: 20	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	86.4	43.2	78.3
Dressing Residents requiring some or total assistance in dressing.	9	40.9	36.5	76.7
Toileting Residents requiring some or total assistance in toileting.	3	13.6	23.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	36.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.6	5.4	29.3
Completely bedfast residents.	1	4.5	2.0	3.6
Residents confined to chairs.	0	0.0	5.2	39.1
Residents requiring restraints.	5	22.7	7.5	31.7
Confused or disoriented residents.	6	27.3	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	4	18.2	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERBURY CONV CENTER

Street Address:		City and State:	
2817 N MAIN ST		WATERBURY CT 06704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	6	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	87.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	82.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	87.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	43.6	36.8	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	67	57.3	46.3	50.8
Residents requiring restraints.	50	42.7	42.8	41.3
Confused or disoriented residents.	64	54.7	57.4	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	16	13.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERBURY NURSING CENTER

Street Address: 1243 W MAIN ST		City and State: WATERBURY CT 06708	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 129	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 103
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	69.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	74.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	31.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	64.2	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	57.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.3	36.8	37.7
Completely bedfast residents.	4	3.3	1.5	3.4
Residents confined to chairs.	53	44.2	46.3	50.8
Residents requiring restraints.	31	25.8	42.8	41.3
Confused or disoriented residents.	95	79.2	57.4	58.4
Residents with bed sores.	10	8.3	5.2	7.1
Residents receiving special skin care.	28	23.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition..	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITEWOOD REHABILITATION CENTER

Street Address: 177 WHITEWOOD ROAD		City and State: WATERBURY CT 06708	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	Medicare Residents: 1	Medicaid Residents: 157
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	88.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	31.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	78.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	79.2	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	71.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	26	15.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	45.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	107	61.8	46.3	50.8
Residents requiring restraints.	113	65.3	42.8	41.3
Confused or disoriented residents.	96	55.5	57.4	58.4
Residents with bed sores.	16	9.2	5.2	7.1
Residents receiving special skin care.	23	13.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF WATERFORD

Street Address: 171 ROPE FERRY RD		City and State: WATERFORD CT 06385	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 1	Medicaid Residents: 119	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	69.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	75.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	55.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	75.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	28.7	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	73	53.7	46.3	50.8
Residents requiring restraints.	54	39.7	42.8	41.3
Confused or disoriented residents.	82	60.3	57.4	58.4
Residents with bed sores.	21	15.4	5.2	7.1
Residents receiving special skin care.	30	22.1	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENTREE MANOR

Street Address: 4 GREENTREE DR		City and State: WATERFORD CT 06385	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 1	Medicaid Residents: 38		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	92.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	91.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	81.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	82.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	43.3	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	73	81.1	46.3	50.8
Residents requiring restraints.	61	67.8	42.8	41.3
Confused or disoriented residents.	65	72.2	57.4	58.4
Residents with bed sores.	4	4.4	5.2	7.1
Residents receiving special skin care.	51	56.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW LONDON CONV HOME

Street Address: 88 CLARK LANE		City and State: WATERFORD CT 06385	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 58	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	81.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	80.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	67.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	95.0	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.0	36.8	37.7
Completely bedfast residents.	3	2.5	1.5	3.4
Residents confined to chairs.	50	42.0	46.3	50.8
Residents requiring restraints.	52	43.7	42.8	41.3
Confused or disoriented residents.	64	53.8	57.4	58.4
Residents with bed sores.	5	4.2	5.2	7.1
Residents receiving special skin care.	28	23.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERBURY EXTENDED CARE FACILITY

Street Address: 35 BUNKER HILL RD		City and State: WATERTOWN CT 06795	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 3	Medicaid Residents: 16
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	87.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	88.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	77.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	88.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	40.7	36.8	37.7
Completely bedfast residents.	3	5.6	1.5	3.4
Residents confined to chairs.	9	16.7	46.3	50.8
Residents requiring restraints.	25	46.3	42.8	41.3
Confused or disoriented residents.	32	59.3	57.4	58.4
Residents with bed sores.	5	9.3	5.2	7.1
Residents receiving special skin care.	5	9.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERTOWN CONVALARIUM

Street Address: WOODBURY RD		City and State: WATERTOWN CT 06795	
Participation: MEDICAID SNF/ICF	# of Beds: 36	Type of Ownership: PROPRIETARY	Survey Date: 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		30	85.7	78.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		32	91.4	80.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		28	80.0	69.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	100	100	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	68.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	1.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	37.1	36.8	37.7
Completely bedfast residents.		3	8.6	1.5	3.4
Residents confined to chairs.		16	45.7	46.3	50.8
Residents requiring restraints.		12	34.3	42.8	41.3
Confused or disoriented residents.		23	65.7	57.4	58.4
Residents with bed sores.		2	5.7	5.2	7.1
Residents receiving special skin care.		2	5.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKVIEW CONVALESCENT HOME %SNF)

Street Address: 130 LOMMIS DR		City and State: WEST HARTFORD CT 06107	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	Medicare Residents: 0	Medicaid Residents: 93
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	93.1	78.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	58.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	48.9	69.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	92.0	100	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	53.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	1.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	20.7	36.8	37.7
Completely bedfast residents.	2	1.1	1.5	3.4
Residents confined to chairs.	42	24.1	46.3	50.8
Residents requiring restraints.	54	31.0	42.8	41.3
Confused or disoriented residents.	100	57.5	57.4	58.4
Residents with bed sores.	4	2.3	5.2	7.1
Residents receiving special skin care.	39	22.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARTERBURN HOME

Street Address: 267 UNION AVE		City and State: WEST HAVEN CT 06516	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	50.0	43.2	78.3
Dressing Residents requiring some or total assistance in dressing.	23	60.5	36.5	76.7
Toileting Residents requiring some or total assistance in toileting.	22	57.9	23.0	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	50.0	36.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	42.1	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	8	21.1	5.2	39.1
Residents requiring restraints.	8	21.1	7.5	31.7
Confused or disoriented residents.	17	44.7	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	0	0.0	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BENTLEY GARDENS NURSING HOME

Street Address:		City and State:	
310 TERRACE AVE		WEST HAVEN CT 06516	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	63.2	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	78.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	78.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	32.6	36.8	37.7
Completely bedfast residents.	3	3.2	1.5	3.4
Residents confined to chairs.	59	62.1	46.3	50.8
Residents requiring restraints.	45	47.4	42.8	41.3
Confused or disoriented residents.	58	61.1	57.4	58.4
Residents with bed sores.	5	5.3	5.2	7.1
Residents receiving special skin care.	14	14.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARBOR VIEW MANOR INC

Street Address:		City and State:	
308 SAVIN AVE		WEST HAVEN CT 06516	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	88	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	61.5	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	39.3	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	11.1	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	49.6	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	11.1	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	5.1	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	2	1.7	5.2	39.1
Residents requiring restraints.	2	1.7	7.5	31.7
Confused or disoriented residents.	55	47.0	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	17	14.5	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEACREST NURSING & RETIREMENT CENTER

Street Address:		City and State:	
588 OCEAN AVE		WEST HAVEN CT 06516	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	39	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
37	0	26		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	27.0	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	40.5	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	40.5	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	48.6	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	40.5	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	10.8	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	4	10.8	5.2	39.1
Residents requiring restraints.	5	13.5	7.5	31.7
Confused or disoriented residents.	19	51.4	30.1	55.8
Residents with bed sores.	0	0.0	1.5	4.7
Residents receiving special skin care.	8	21.6	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUND VIEW NURSING CENTER

Street Address:		City and State:	
CARE LANE		WEST HAVEN CT 06516	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	13	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	64.5	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	82.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	74.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	61.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.9	36.8	37.7
Completely bedfast residents.	2	2.2	1.5	3.4
Residents confined to chairs.	46	49.5	46.3	50.8
Residents requiring restraints.	45	48.4	42.8	41.3
Confused or disoriented residents.	50	53.8	57.4	58.4
Residents with bed sores.	3	3.2	5.2	7.1
Residents receiving special skin care.	18	19.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST HAVEN MANOR

Street Address: 555 SAW MILL ROAD		City and State: WEST HAVEN CT 06516	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 110
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	70.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	88.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	79.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	79.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	41.7	36.8	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	69	57.5	46.3	50.8
Residents requiring restraints.	86	71.7	42.8	41.3
Confused or disoriented residents.	75	62.5	57.4	58.4
Residents with bed sores.	6	5.0	5.2	7.1
Residents receiving special skin care.	28	23.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIPLEX OF WESTPORT

Street Address:		City and State:	
1 BURR RD		WESTPORT CT 06880	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	2	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	77.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	74.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	65.5	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.7	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	38	32.8	46.3	50.8
Residents requiring restraints.	56	48.3	42.8	41.3
Confused or disoriented residents.	62	53.4	57.4	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	40	34.5	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIPLEX OF WETHERSFIELD

Street Address:		City and State:	
341 JORDAN LANE		WETHERSFIELD CT 06109	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
235	2	140		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	76.6	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	194	82.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	165	70.2	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	235	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	169	71.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	28.1	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	91	38.7	46.3	50.8
Residents requiring restraints.	68	28.9	42.8	41.3
Confused or disoriented residents.	130	55.3	57.4	58.4
Residents with bed sores.	14	6.0	5.2	7.1
Residents receiving special skin care.	41	17.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY VILLA OF WILLIMANTIC

Street Address: 595 VALLEY VIEW ST		City and State: WILLIMANTIC CT 06226	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 4	Medicaid Residents: 68	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	69.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	85.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	72.6	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	79.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	39.8	36.8	37.7
Completely bedfast residents.	4	3.5	1.5	3.4
Residents confined to chairs.	46	40.7	46.3	50.8
Residents requiring restraints.	49	43.4	42.8	41.3
Confused or disoriented residents.	56	49.6	57.4	58.4
Residents with bed sores.	9	8.0	5.2	7.1
Residents receiving special skin care.	33	29.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WILTON MEADOWS HEALTH CARE CENTER

Street Address:		City and State:	
439 DANBURY ROAD		WILTON CT 06897	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	68.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	56.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	56.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	56.3	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	12.5	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	2	12.5	46.3	50.8
Residents requiring restraints.	7	43.8	42.8	41.3
Confused or disoriented residents.	15	93.8	57.4	58.4
Residents with bed sores.	1	6.3	5.2	7.1
Residents receiving special skin care.	5	31.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBAY MANOR INC

Street Address: ROUTE 14		City and State: WINDHAM CT 06280	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 1	Medicaid Residents: 34
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	83.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	87.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	80.4	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	83.9	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	42.9	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	21	37.5	46.3	50.8
Residents requiring restraints.	25	44.6	42.8	41.3
Confused or disoriented residents.	35	62.5	57.4	58.4
Residents with bed sores.	3	5.4	5.2	7.1
Residents receiving special skin care.	11	19.6	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIMBERLY HALL NH NORTH

Street Address:		City and State:	
1 KIMBERLY DR		WINDSOR CT 06095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	01/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
144	2	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	84.0	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	91.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	83.3	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	91.0	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	76.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	40.3	36.8	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	112	77.8	46.3	50.8
Residents requiring restraints.	69	47.9	42.8	41.3
Confused or disoriented residents.	70	48.6	57.4	58.4
Residents with bed sores.	8	5.6	5.2	7.1
Residents receiving special skin care.	19	13.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIMBERLY HALL-SOUTH

Street Address:		City and State:	
1 KIMBERLY DR		WINDSOR CT 06095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
168	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	83.9	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	87.5	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	76.8	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	78.6	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	33.9	36.8	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	108	64.3	46.3	50.8
Residents requiring restraints.	76	45.2	42.8	41.3
Confused or disoriented residents.	109	64.9	57.4	58.4
Residents with bed sores.	6	3.6	5.2	7.1
Residents receiving special skin care.	107	63.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VIEW HEALTHCARE

Street Address:		City and State:	
581 POQUONOCK AVE		WINDSOR CT 06095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	82.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	84.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	75.0	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	79.5	66.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	33.9	36.8	37.7
Completely bedfast residents.	2	1.8	1.5	3.4
Residents confined to chairs.	56	50.0	46.3	50.8
Residents requiring restraints.	55	49.1	42.8	41.3
Confused or disoriented residents.	63	56.3	57.4	58.4
Residents with bed sores.	4	3.6	5.2	7.1
Residents receiving special skin care.	15	13.4	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR HALL REST HOME

Street Address:		City and State:	
519 PALISADO AVE		WINDSOR CT 06095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	170	NON-PROFIT OTHER	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	39.9	43.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	37.9	36.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	19.0	23.0	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	100	36.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	17.6	19.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	5.2	5.4	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	8	5.2	5.2	39.1
Residents requiring restraints.	11	7.2	7.5	31.7
Confused or disoriented residents.	71	46.4	30.1	55.8
Residents with bed sores.	2	1.3	1.5	4.7
Residents receiving special skin care.	15	9.8	12.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	16.1	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	51.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	6.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	3.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	2	6.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	9.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	3.2	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	12.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	12.9	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	19.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.5	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	9.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	4	12.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	35.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BICKFORD CONV HOME

Street Address:		City and State:	
14 MAIN ST		WINDSOR LOCKS CT 06096	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	59	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	61.4	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	73.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	66.7	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	63.2	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	38.6	36.8	37.7
Completely bedfast residents.	2	3.5	1.5	3.4
Residents confined to chairs.	17	29.8	46.3	50.8
Residents requiring restraints.	12	21.1	42.8	41.3
Confused or disoriented residents.	31	54.4	57.4	58.4
Residents with bed sores.	5	8.8	5.2	7.1
Residents receiving special skin care.	3	5.3	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND ACRES EXTEND-A-CARE

Street Address: 108 EAST LAKE ST		City and State: WINSTED CT 06098	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 0	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	95.8	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	61.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	56.9	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	73.6	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	59.7	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	27.8	36.8	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	29	40.3	46.3	50.8
Residents requiring restraints.	31	43.1	42.8	41.3
Confused or disoriented residents.	23	31.9	57.4	58.4
Residents with bed sores.	7	9.7	5.2	7.1
Residents receiving special skin care.	3	4.2	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOLCOTT VIEW MANOR

Street Address: 50 BEACH RD		City and State: WOLCOTT CT 06716	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 3	Medicaid Residents: 53
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	93.1	78.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	74.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	74.1	69.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	100	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	66.4	66.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	62.9	36.8	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	33	28.4	46.3	50.8
Residents requiring restraints.	38	32.8	42.8	41.3
Confused or disoriented residents.	99	85.3	57.4	58.4
Residents with bed sores.	1	0.9	5.2	7.1
Residents receiving special skin care.	53	45.7	27.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	15	7.4	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	2.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	10.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.5	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	2	1.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	112	55.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	26	12.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	13.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	11	5.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	30	14.9	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	10.9	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	65	32.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	21	10.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	26	12.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	33	16.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	30	14.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	4.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	37	18.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	17	8.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	23	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	51	25.2	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	7.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	80	39.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	33	16.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	111	55.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE

HIGHSMITH 45-220

REF.

HD 7102 .U5N76 1987/88
Connecticut

Medicare/Medicaid nursing home
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